
Exhibit 1: Continuum of Care (Exhibit 1 consists of HUD Forms 40076-COC A through HUD 40076-CoC N, plus narrative text as specified in the instructions for each form)

2005 Application Summary

Place this page in the front of your application. This page does not count towards the page limitation.

Continuum of Care (CoC) Name: City of Long Beach

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Continuum of Care Geography

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/grants/index.cfm>, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Long Beach, California	062088		

Reproduce this page to include additional names and codes.

Exhibit 1: Continuum of Care

1. Long Beach's Planning Process for Developing a Continuum of Care Strategy

1a. Lead Entity for the Continuum of Care (CoC) Planning Process

The lead entity for the Long Beach CoC is the Department of Health and Human Services (DHHS), Bureau of Human/Social Services. Within this bureau is the Homeless Services Division, headed by the Homeless Services Coordinator, who oversees the Continuum of Care funded projects, the Multi-Service Center (MSC) collaborative and maintains information on citywide homeless issues. The Homeless Services Coordinator reports monthly to the Homeless Services Advisory Committee (HSAC), which brings together segments of the homeless and mainstream communities. Reflecting the City's twenty-year commitment to making the needs of homeless a priority, HSAC is appointed by the Mayor and City Council to research, develop and recommend policies and programs to address homelessness. This community-based entity helps to ensure that the needs of all homeless populations are addressed and strengthens the linkages between the City's planning, advocacy and service provider entities. DHHS has a long tradition of forging strong community-based partnerships, allowing for diverse community groups to come together and work towards achieving a common goal. This collaborative design allows for the development of shared visions and implementation of projects.

The Interdepartmental Homeless Task Force has strengthened collaborative efforts among city departments to address the impact of homelessness on the community as a whole. Some examples of this work include: (a) review of city zoning to include conversion of blighted motels into efficiency units to create affordable housing for persons with disabilities; (b) Public Works and Parks Recreation and Marine notification of the outreach network about homeless encampments so resources may be provided to occupants; (c) Police Department is working with the homeless coordinator and outreach network to expand outreach activities to prevent criminal prosecution for nuisance crimes; (d) Community Development, Housing Services Bureau is working with the CoC partners on the development of affordable housing units, use of HOME funds to assist homeless populations, motel conversion to efficiency units, Community Housing Development Organization (CHDO) projects; (e) Redevelopment agency is collaborating with the Multi-Service Center (MSC) to place homeless clients into permanent housing units acquired by the redevelopment agency for long term construction projects.

In conjunction with HSAC and the Interdepartmental Task Force, the City has vested its CoC planning in five additional community and faith-based groups: (1) the Long Beach Homeless Coalition, comprised of homeless advocates; (2) the Villages at Cabrillo Advisory Group; (3) the MSC Advisory Group; (4) Community Action Network (CAN), an advocacy group comprised of homeless and formerly homeless clients; and (5) the Interfaith Community Organization (ICO), a faith-based collaborative of 12 local churches. These groups comprise the Long Beach CoC Working Group, which are the principal bodies responsible for the CoC planning process. Their involvement ensures a strong collaborative environment among all the stakeholders.

Working Group members represent the diversity of Long Beach and its homeless residents. Members include: appointed representatives of elected officials, executive/program directors, homeless advocates, business people, faith-based community, community volunteers and homeless or formerly homeless persons. They bring a wealth of skills in strategic planning, program design, implementation, and community development, as well as, the insight of individuals and families who are, or have been, homeless. As its guiding principle, the Working

Group is committed to a dynamic, ongoing planning process that encourages the widest possible involvement through an expansive network.

DHHS works in partnership with more than 30 community and professional collaborations, coalitions, advisory boards and affiliate associations. These connections provide leadership, advocacy, planning, program evaluation, oversight and community feedback on DHHS programs. As one of three California cities with its own health department, Long Beach is equipped to develop and support locally designed services that meet the needs of its residents. The City's Homeless Services Coordinator provides the link between homeless advocates, faith based organizations, service providers, city departments and city policymakers. The DHHS leadership, including the City's Homeless Services Coordinator, assists homeless service providers and the Working Group in reviewing local data and changes in federal, state, and local policies that impact the CoC planning process.

1b. Continuum of Care Planning Process

Over the life of the Long Beach CoC, the process has grown from an effort coordinated by a single entity to a year-round ongoing process that is inclusive of many groups that enhance, evaluate, and update the CoC. The City has nurtured the development of an inclusive Working Group to ensure that a well-coordinated process is in place with no overlapping or duplicate efforts. Along with the organizations that comprise the Working Group, the CoC planning structure includes: city departments, non-profit organizations, faith based organizations, Workforce Investment Board, Community Development Advisory Committee, the Board of Health and Human Services, the City's Housing Authority and Neighborhood Services Bureau, Housing Development Corporation, neighborhood/business associations, downtown business improvement districts, housing developers and foundations. The Homeless Services Coordinator is a pivotal position that coordinates information and services citywide, acting as the central conduit for the City's overall planning process.

The monthly Homeless Coalition meeting, hosted by the MSC Advisory Group, provides an open community forum to announce current events, plan advocacy efforts, mobilize resources and educate all participants regarding the progress of homeless services within the Long Beach CoC. Monthly status reports are provided by: the Interfaith Community Organization (ICO), Community Action Network (CAN), the City's Homeless Services Coordinator, City Council representatives, the Downtown Long Beach Associates (Business Improvement District), HSAC, Police Department, Housing Trust Fund Coalition, and the Homeless Coalition advocacy and steering subcommittee representatives. The Homeless Coalition is the central public forum for members and community stakeholders to remain apprised of progress, gaps in service, opportunities for advocacy and strategic planning to maintain representation at City Council meetings, Community Development Advisory Committee (CDAC), Planning Commission hearings and all other relevant forums where homeless solutions are proposed and decided upon. The Coalition has been successful in mobilizing resources to further progress within the Long Beach CoC as this group represents the diversity of stakeholders influencing homeless policy development and implementation.

Faith Based Organizations (FBO) have played an integral role in providing critical resources to the chronically homeless and have aligned their efforts with the Homeless Services Division. A FBO Steering Committee is being convened to further enhance this contribution and integrate these services within the broader CoC system. This year, FBO's have hosted the Winter Shelter

Program, community education forums, provided direct services to the chronically homeless including: distribution of food, clothing, shower programs, a resource center, a computer lab and some housing placement assistance, which enhanced the CoC system.

The Homeless Coordinator collects and disseminates information at several monthly meetings to ensure non-duplicative efforts among the Working Group members. This information is then communicated to HSAC, the lead CoC entity, to be incorporated in the overall CoC planning process. In addition, several targeted community forums are conducted throughout the year to obtain input from homeless clients, service providers, and other residents.

Homeless clients who receive services through the Multi-Service Center participate in a “Choice Survey” upon intake, ranking their highest priority needs. This information is compiled quarterly to assess evolving client priorities for gaps analysis. The Working Group also coordinates with additional entities to make full use of the knowledge, representation, and expertise within Long Beach. These entities do not traditionally consider themselves homeless services providers (e.g., HIV/AIDS, drug and alcohol, mental health treatment providers), yet they encounter issues surrounding homeless persons and families regularly. The Homeless Services Division is working year round to expand the network of entities involved in the development of homeless resources, planning and policy development.

The Working Group goals are not only to include the fundamental CoC components and the development of a coordinated strategic plan identified by HUD, but to ensure the existence of necessary linkages and referral mechanisms among providers and city departments to facilitate the movement of individuals/families toward permanent housing and self-sufficiency. Long Beach’s planning structure is organized to assure all CoC elements are complete and there is no duplicate efforts. The diverse community stakeholders engage with Working Group representatives and the Homeless Services Coordinator to ensure that all aspects of the CoC are functioning at full capacity, with efficiency of efforts to promote positive outcomes for the homeless. These entities and this process are being integrated into the development of a citywide 10-year homeless strategic planning process. These organizations are listed in section 1c.

1c. Dates/Main Topics of CoC Planning Meetings Held Since June 2004

Main Topics of CoC Planning Meetings	Meeting Dates
<p>Homeless Services Advisory Committee (HSAC)</p> <ul style="list-style-type: none"> • Oversee the CoC planning and application process • Conduct monthly meetings to gather data on needs and available services for homeless citywide • Provide education and updates to city council and community representatives • Plan and develop 10-yr strategic plan to end homelessness • Members attend multiple community meetings including Homeless Coalition, ICO forums, CDAC, and City Council meetings 	<p><i>Regular meetings:</i> First Wednesday of every month</p> <p><i>Additional meetings:</i></p> <p>6/15/04 – HSAC annual report to City Council</p> <p>9/1/04 HMIS status update</p> <p>10/12/04 Bring LA Home</p> <p>Community Forum in Long Beach</p> <p>November 14 – 20, 2004 Hunger and Homeless Awareness Week</p> <p>Citywide donation drive coordinated by HSAC and the Homeless Coalition</p>

Main Topics of CoC Planning Meetings	Meeting Dates
<ul style="list-style-type: none"> • Hold community forums/public hearings to receive testimony from homeless/previously homeless persons, service providers, businesses/neighborhood associations, faith-based groups, and advocates on gaps in the CoC • Review community input and set Request For Proposal priorities for ESG, Continuum of Care, Social Services Grant Program, Consolidated Plan • Review, rank, set priorities and make funding recommendations for application to HUD (as part of the Working Group) 	<p>1/27/05 Citywide point in time Homeless Count held</p> <p>5/25/05 – Rating and ranking of CoC applications</p> <p>2/16/05, 6/16/05 Public Forums on the Consolidated Plan, including ESG and HOME funds</p> <p>2/19/05 Advocacy Training and mayors fund subcommittee meeting</p> <p>3/9/05 Results of Community Forum presented to Ad Hoc committee</p> <p>4/6/05 Working Group meeting to review annual priorities for the CoC</p> <p>4/19/05 HSAC presented to the Mayor and City Council on the CoC process and outcomes achieved</p> <p>5/25/05 Working Group meeting to review CoC priority ranking and review CoC process and application</p> <p>6/15/05 Public Forum on the Consolidated Plan, including ESG and HOME funds</p>
<p>Housing Trust Fund Coalition</p> <ul style="list-style-type: none"> • Build support for the proposed Housing Trust Fund for Long Beach • Survey opportunities for affordable housing solutions • Educate community regarding the need for affordable housing • Mobilize advocacy efforts, build community momentum and sponsorships in support of the proposed Housing Trust Fund • Promote accountability of city government in reducing regulatory barriers to affordable housing 	<p><i>Meets quarterly:</i></p> <p>6/22/04 – “Save Section 8 in Long Beach” forum</p> <p>6/26/04 – ICO forum on affordable housing solutions</p> <p>11/16/04 Rally at City Hall to promote affordable housing</p> <p>2/7/05 HTF Charter Cable channel</p> <p>2/14/05 Save Section 8 on Charter Cable Channel</p> <p>3/16,22,24,30, 2005 Community Education forums on HTF marketing</p> <p>4/5 and 4/12/05 Housing Trust Fund rally, public testimony at council study sessions</p>

Main Topics of CoC Planning Meetings	Meeting Dates
<p>Interdepartmental Homeless Services Task Force</p> <ul style="list-style-type: none"> • Comprised of leadership from City DHHS, Housing Authority, Community Development, Housing Services, Planning and Building, Code Enforcement, Public Works, Parks and Recreation, Police, City Attorney, City Prosecutor, convened by the City Manager's office • Centralize communication regarding homeless issues citywide • Responsible for developing multi-layered solutions • Development of services to fill gaps in CoC • Generate affordable housing solutions • Promote public safety and health citywide • Review housing and zoning ordinances • Align solutions to homelessness with emerging trends of downtown redevelopment • Respond to community concerns regarding impact of homelessness citywide • Ensure all city generated planning documents are congruent and consistent with City Council priorities (consolidated plan, housing action plan, 10 year plan) • 10 year planning process advisory capacity • Review policy and process for development and placement of new homeless services 	<p><i>Regular meetings:</i> Third Friday of every month</p> <p><i>Additional meetings:</i> 7/14/04, 8/11/04, 1/3/05 – Discussion on hotel motel conversions/SRO 6/22/04 – Homeless Assistance Response Team meeting (outreach services) 10/7/04, 11/11/04, 2/10/05, 4/19/05, 4/28/05, 5/5/05, 5/12/05, 6/7/05 Park Feeding Sub Committee 10/20/04 Shopping cart removal, response to nuisance mtg 11/10/04, 11/15/04, 11/29/04 Shelter Development Sub-Committee 2/15/05, 3/15/05, 3/18/05, 4/22/05 10-Year Planning Sub-Committee 4/14/05 Cal Trans/Public Works notification of homeless outreach freeway projects. 1/5/05, 5/18/05 Policy development to use HOME funds for homeless families rental assistance 3/24/05, 4/14/05, 5/2/05 Redevelopment planning mtgs – housing for homeless families 2/24/05 City Manager Tour of the Villages of Cabrillo housing development Interdepartmental Taskforce/ Consolidated Planning Process 1/10/05, 1/19/05, 2/9/05, 2/16/05, 2/25/05, 4/21/05, 5/25/05</p>
<p>Community Develop. Advisory Commission (CDAC)</p> <ul style="list-style-type: none"> • Participate in 10-year homeless planning process • Review Emergency Shelter Grant allocations • Increase affordable housing opportunities citywide • Determines allocation of HOME funds • Utilize community feedback to update the Consolidated Plan • Hold annual community forums to gather information on community needs • Review Community Development Block Grant allocations, funds homeless/social service programs • Review, rank, set priorities, make funding recommendations to HUD (as part of Working Grp) 	<p><i>Regular meetings:</i> Third Wednesday of every month</p> <p><i>Additional meetings:</i> 6/16/04 – Approve FY 04-05 Action Consolidated Plan, Presentation overview of ESG program 7/13/04 – Approve ESG, CDBG funding recommendations 1/19/05 retreat on CDBG/ESG funds 2/16/05, 6/15/05 Public Feedback Forums on Consolidated Plan 3/9/05 Results of Community Forum Presented to Ad Hoc committee</p>

Main Topics of CoC Planning Meetings	Meeting Dates
<p>Homeless Management Information System Steering Committee</p> <ul style="list-style-type: none"> Steering Committee is comprised of the following collaborative partners: Los Angeles Homeless Services Authority, Orange County Partnership, Cities of Glendale, Pasadena and Long Beach Coordination of HMIS planning and implementation for Los Angeles and Orange County combined regions Survey agencies to determine hardware, connectivity requirements Determine local priorities and work with software vendor to assimilate multi-jurisdictional functionality Review data elements, data standards, develop format and functionality Participate in HUD technical assistance consultation sessions Plan and host community trainings, conferences and planning sessions Coordinate technical and programmatic workgroup sessions Incorporate feedback from participating agencies with separate planning sessions for domestic violence providers to address security concerns Develop policy and procedure manual representing the collaborative implementation Facilitate training of system administrators and outcome specialists Long Beach and other continuums within the LA/OC collaborative agreed to review alternative HMIS software products in February 2005. Long Beach has informed the collaborative of the intention to pursue an established HMIS vendor to expedite implementation of a viable HMIS for the LB continuum, while the collaborative has decided to remain with the current software vendor, TRI. Long Beach remains committed to the collaborative to establish unduplicated counts for the County of Los Angeles. 	<p><i>Regular meetings:</i> Weekly – set by steering committee: Every Wednesday – System Administrator Conf. Call Every Thursday – Collaborative representatives with Software Vendor (TRI).</p> <p><i>Additional meetings:</i> 6/3/04, 10/19/04, 10/27/04, 11/19/04, 12/14/04, 12/28/05 Policy/Procedures Development 8/6/04 HMIS planning mtg at LAHSA 8/19/04 Data sharing 9/1/04 Status update to HSAC regarding HMIS implementation 9/9/05 Status update to Villages of Cabrillo Advisory and MSC Advisory regarding HMIS implementation timeline 9/13/04 – 9/15/04 HMIS Conference 9/20-21/04 HUD Technical Assistance Assessment of LA/OC HMIS implementation process 10/05/04 HMIS at FHEC 10/18/04 HMIS Broadcast 10/21/04 Presentation at MSC mixer to LB CoC agencies regarding HMIS implementation timeline 1/5-6/05 LB CoC participating agencies HMIS planning 2/4/05 LB HMIS mtg to assess alternative software vendors 4/7/05 LB and Pasadena participate in alternative vendor HMIS product demonstration 4/13/05 – Software demonstration with Softscape 4/20/05 LB reviews contract w/ TRI, budget and considers software alternatives 4/26/05 LB mtg w/ Softscape to review HMIS proposal and implementation timeline</p>

Main Topics of CoC Planning Meetings	Meeting Dates
<p style="text-align: center;">Community Action Network (current and formerly homeless)</p> <ul style="list-style-type: none"> • One of five sub-groups of the CoC Working Group • Discuss needs of the homeless population • Advocacy at various governmental meetings • Organize public testimony for CoC hearings, HSAC and City Council • Represent homeless issues at community forums and planning meetings for HMIS implementation • Chair of the Outreach Network which meets monthly • Review, rank, set priorities and funding recommendations to HUD (as part of Working Grp) • Participate in 10-yr homeless strategic planning process 	<p><i>Regular meetings:</i> First and Third Wednesday of every month</p> <p><i>Additional meetings:</i></p> <p>Coordinates the monthly meeting of the Outreach Network Providers (see list of meetings in that section below)</p> <p>1/27/05 Instrumental in Citywide Homeless Count</p> <p>2/16/05, 4/21/05 Participation in public hearings</p> <p>2/15/05, 3/15/05 Participation in 10-year strategic planning process</p> <p>Presentations to Mayor and City Council throughout the year</p>
<p style="text-align: center;">Outreach Network Providers</p> <ul style="list-style-type: none"> • Coordinate outreach efforts to targeted City areas • Delineate outreach efforts for subpopulations • Develop resource materials for chronically homeless • Exchange information about homeless encampments • Jointly review clients, to decrease the length of engagement • Coordinate and distribute resources for the chronically homeless, including clothing, transportation, service shelter/housing referrals • Provide training to other community groups regarding effective ways to engage the homeless • Educate business and neighborhood groups about the needs of the homeless and how they can partner in ending homelessness • Expand outreach network to include other organizations which are not homeless providers (i.e. security companies) 	<p><i>Regular meetings:</i> One Thursday of every month</p> <p><i>Additional meetings:</i></p> <p>6/24/04, 7/29/04, 9/30/04, 10/28/04, 4/28/05 – MSC Outreach network</p> <p>7/30/04, 9/24/04, 11/30/04, 12/17/04 – LA County Outreach network</p> <p>7/22/04 HEART/DLBA planning meeting</p> <p>8/5/04 Homeless Healthcare outreach meeting</p> <p>1/27/05 Coordination of Street based Citywide Homeless Count</p> <p>6/8/05 Faith based collaboration with the Outreach Network mtg hosted by the Villages of Cabrillo</p>
<p style="text-align: center;">Multi-Service Center Advisory Group</p> <ul style="list-style-type: none"> • One of five sub-groups of the CoC Working Group • Ensure linkages and referrals between service providers citywide to move clients through the CoC • Review data to determine CoC service level needs • Survey clients to determine service needs • Participate in planning/development of a HMIS 	<p><i>Regular meetings:</i> Third Thursday of every month</p> <p><i>Additional meetings:</i></p> <p>6/3/04 – HOPWA consortium mtg</p> <p>7/8/04 Space allocation meeting</p> <p>7/19/04, 3/2/05 Mobile Health Clinic Van</p>

Main Topics of CoC Planning Meetings	Meeting Dates
<ul style="list-style-type: none"> • Space allocation meets quarterly to determine growth needs and potential for addition of new partners • Participate in 10-year homeless planning process • Hold educational/training forums on Standards of Care, Individual Service Plan, and outreach docs. • Conducts discharge planning trainings for local hospital personnel to ensure homeless are placed appropriately upon discharge • Host CoC meetings throughout the year, bringing stakeholders, providers and advocates together • MSC open house to provide opportunity for networking of all CoC agencies and other service providers citywide. 	<p>10/21/04 MSC open house/mixer 10/28/04 Advisory Chair/Homeless Coordinator attends collaborative meeting of local medical facilities to address the issue of homelessness. 1/27/05 Homeless street and service based Count 3/31/05 Policy/Procedures mtg. 4/21/05 Presentation to the 4th Street Business Association on Homeless Outreach/resources 2/16/05, 6/15/05 public testimony from staff and clients of the MSC</p>
<p>Interfaith Community Organization (ICO)</p> <ul style="list-style-type: none"> • One of the five sub-groups of the CoC Working Group • Review, rank, set priorities and make funding recommendations for application to HUD (as part of the Working Group) • Active member of Long Beach Homeless Coalition • Collects information/concerns of church groups and communicate information to Working Group for inclusion in CoC process • Provides testimony at community public hearings, City Council • Advocates for policy changes to ensure rights and needs of homeless and the poor are included in the Consolidated Plan/CoC • Organize community education outreach, working with neighborhood associations to overcome NIMBYISM • Facilitate progress in siting a year round emergency shelter • Participates in 10-year homeless strategic planning process 	<p><i>Regular meetings:</i> Monthly <i>Additional meetings:</i></p> <p>6/26/04 – Forum on affordable housing solutions for Long Beach 10/22/04 – ICO and Homeless Coordinator present the issue of homelessness and affordable housing to community members, hosted by St. Lukes Church. 1/6/05 Host a faith based meeting with local congregations to discuss participation in the 10-year planning process 1/27/05 Homeless Count 2/12/05 St. Lukes hosts tour of homeless feeding program, development of a weekend shower, clothing distribution and resource room in planning stages. 6/8/05 Faith Based collaborative meeting hosted by the Villages of Cabrillo 6/25/05 Town Hall meeting on the issue of homelessness and substance abuse</p>

Main Topics of CoC Planning Meetings	Meeting Dates
<p data-bbox="302 233 805 268">Long Beach Mayor and City Council</p> <ul data-bbox="191 310 914 1545" style="list-style-type: none"> • Hold public review and approval of CoC planning process • Hear public testimony regarding the needs of homeless in the City • Set policies and procedures governing homeless services • Provide direction to city departments regarding proposed homeless solutions • Allocation of funding to increase and maintain homeless services • Approves the City's participation in Federal grant processes, including the CoC • Review of Public Housing Authority use of Section 8 vouchers for the homeless • Review and approve the Consolidated Plan, Housing Action Plan, Housing Trust Fund, and 10 year plan to end homelessness • Adopt the budget of the Housing Development Corporation • Oversee the Mayor's Fund for the Homeless • Mayor is chairing the 10 –Year planning process to End Chronic Homelessness • Councilmember for District 1 and District 7 host community forms regarding homeless services and the development of additional resources • Council members chair the Housing and Neighborhood Sub-Committee – discuss issue of affordable housing, development of new services sites and shelters • Development of a citywide service mapping system for public and social service use • Develop hotel/motel conversion to permanent affordable housing projects 	<p data-bbox="943 233 1528 300"><i>Regular meetings:</i> First 3 Tuesdays of every month</p> <p data-bbox="943 310 1211 342"><i>Additional meetings:</i></p> <p data-bbox="943 346 1325 378">6/1/04 – Housing Action Plan</p> <p data-bbox="943 382 1520 449">6/15/04 – HSAC Annual Report on Status of Homelessness in LB</p> <p data-bbox="943 453 1520 558">8/3/04 – Public appeal of planning commissions approval of year around shelter – approved by council</p> <p data-bbox="943 562 1487 630">10/19/04 Study Session on 10 year plan to end homelessness in LB</p> <p data-bbox="943 634 1528 665">11/16/04 Study Session “The Housing Story”</p> <p data-bbox="943 669 1495 814">11/16/04 Mayors Proclamation to the Homeless Coalition designating November 14-20 Hunger and Homeless Awareness Week</p> <p data-bbox="943 819 1528 886">12/21/05 Housing/Neighborhood Committee-Year round-shelter</p> <p data-bbox="943 890 1422 957">2/15/05 Council approves the 10 year planning process to start</p> <p data-bbox="943 961 1487 1029">2/22/05 Puerto Del Sol affordable housing development groundbreaking</p> <p data-bbox="943 1033 1503 1100">4/5/05 & 4/12/05 Housing Trust Fund study sessions</p> <p data-bbox="943 1104 1511 1171">5/3/05 Council approves DHHS to apply for CoC funding</p> <p data-bbox="943 1176 1511 1243">5/10/05 Study Session on Consolidated Plan 2005-2010</p> <p data-bbox="943 1247 1479 1314">2/1/05, 2/8/05, 2/14/05, mtg with Council members on homeless issues</p> <p data-bbox="943 1318 1503 1463">2/2/05 Councilmember from the 1st District and 5th District begin discussion on hotel/motel conversion to permanent affordable housing</p> <p data-bbox="943 1467 1520 1612">3/15/05 hosted community forum in partnership w/Federal Interagency Council on Homelessness -development of a 10-Year Plan to End Chronic Homelessness</p> <p data-bbox="943 1617 1487 1684">1/31/05, 3/21/05, 4/26/06, Support Service Mapping System</p> <p data-bbox="943 1688 1487 1755">3/18/05, 6/29/05 10 year plan Comm. Mtg District 1&7 Community Mtg</p>

1d. Which and How local/State Elected Officials Involved in the CoC Planning Process

Elected Official	How Were They Involved	What Level Of Elected Gov't
Allen Lowenthal	Support development of Housing Trust Fund /affordable housing Participated in public forums regarding homeless, low-income resident needs	California State Senate 27 th District
Jenny Oropeza	Support the develop. of a Housing Trust Fund and affordable housing Participated in public forums regarding homeless, low-income resident needs	State Assembly 55 th District
Don Knabe	Supported the development of a year round homeless shelter in Long Beach with funding and political support Staff participated in the homeless count on January 27, 2005 Participating in the LB10 year plan to end homelessness Participated in public forums regarding homeless, low-income resident needs Supported the development of a partnership with the Department of Social Services to fund an emergency housing project for families on CalWorks and Gain	Los Angeles County 4 th District Supervisor
Beverly O'Neill	Chair of the 10 year plan to end homelessness in Long Beach Signed on the Federal Interagency Council agreement to support 10 year plans Held public hearing to receive community input on homeless services Supported the development of an Interdepartmental Task Force on Homelessness Supported the development of a Housing Trust Fund Supported the development of a year round emergency shelter Participated in public forums regarding homeless, low-income resident needs	Mayor of Long Beach and Chair of the National Conference of Mayor's
District 1	Chairs the Neighborhood and Housing Committee	City Council for Long Beach: District 1 Bonnie Lowenthal District 2 Dan Baker District 3 Frank Colonna District 4 Patrick O'Donnell District 5 Jackie Kell District 6 Laura Richardson
District 1,4,5	Put forth a motion to develop a hotel/motel conversion into permanent affordable housing pilot project	
District 1	Supported the development of the Interdepartmental Task Force on Homelessness	
District 1	Chaired the 1 st Homeless Task Force	
District 1, 7	Supported development of a year round shelter in her District	
District 1, 7	Held community forums to discuss homeless services in park areas	
District 1-9	Voted to develop a 10 year plan to end homelessness	
District 1-9	Participating on the 10 year plan to end homelessness in Long Beach	
District 1	Participated in the LA County 10 yr planning process	
District 1, 6	Supports the development of a Housing Trust Fund in Long Beach – to ensure development of affordable housing	
District 4	Support of the development of permanent supportive housing for youth exiting foster care	
District 1,2,7,9	Attends monthly Homeless Coalition meetings	

Elected Official	How Were They Involved	What Level Of Elected Gov't
District 1, 7, 9	Attends Homeless Services Advisory Committee meetings	Richardson District 7 Tonia Reyes-Uranga District 8 Rae Gabelich District 9 Val Lerch
District 1-9	On the Housing Authority Commission	
District 1, 5	Participated in the point in time homeless count	
District 1-9	Participated in public forums regarding homeless, low-income resident needs	
District 3, 6	Supportive of expanding outreach services to homeless on the streets	
District 1,7	Supported the development of 26 acres into emergency, transitional and permanent supportive housing for homeless individuals/families	
District 1, 6, 8	Supported the Development of affordable housing in district	
District 9	Supported the development of a Parole release program in district 9	
Janice Hahn	Supported the development of a winter shelter program in her district shared with the Long Beach area Participated in public forums regarding homeless, low-income resident needs	Los Angeles City Council member
Tom Reeves	Support the development of linkages between the jail system and supportive permanent housing Support the development of permanent affordable housing Support the development of strong discharge planning for mainstream institutions (jails, hospitals, foster care)	Prosecutor for the City of Long Beach
Robert Shannon	Support the development of fair laws regarding serving the homeless citizens of Long Beach	City Attorney for Long Beach

1e. Names and Types of Organizations Involved in the CoC Planning Process

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
LOCAL GOVERNMENT AGENCIES			
Department of Health and Human Services (DHHS)- Human/Social Services Bureau Manager (HSSM) Homeless Services Coordinator (HSC)	City of Long Beach		100% participation in the planning process <ul style="list-style-type: none"> HSC position provides coordination, disseminates information and strengthens collaborative relationships within the LB CoC HSC and HSSM staff the CoC Working Group HSC and HSSM staff the 10-year strategic planning group and overall process HSC attends, provides status reports at all CoC homeless meetings HSC oversees the Annual Program Review process to coordinate outcome information for services provided HSSM and HSC hold public forums

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>annually to gather input into needs for the CoC</p> <ul style="list-style-type: none"> • HSC oversee the voice your choice survey given to all homeless clients of the MSC and contacted by the outreach team • HSC coordinates the homeless outreach network team • HSSM participates on the Los Angeles County 10 year planning process and coordinates it with the Long Beach 10 year planning process • HSSM and HSC oversee the CoC planning process and the implementation of the CoC system in Long Beach • HSSM and HSC oversee the bi-annual Citywide homeless street and shelter based count
<p>Oversight of DHHS Homeless Services:</p> <p>Homeless Services Advisory Committee</p>	<p>City of Long Beach</p>		<p>Members participate in 100% of planning process meetings</p> <ul style="list-style-type: none"> • Several HSAC members participated in the homeless count • Members regularly attend community forums, homeless coalition, ICO and CAN hosted events • Guides the CoC application process, ensuring an open and public process for fund allocation • Sets annual CoC service priorities based on public participation • Gathers information for CoC and makes policy and program recommendations to the Mayor and City Council • Ad-Hoc Review Committee reviews and ranks proposals for submittal to HUD • Recommends funding allocations - Emergency Shelter Grant program and Social Services Grant program • Provides leadership in development of

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>the City's 10-year strategic plan to end chronic homelessness</p> <ul style="list-style-type: none"> Collaborate in the development of the Consolidated Plan
<p>Community Development Department</p> <p>Housing Services Bureau (HSB)</p> <p>Neighborhood Services Bureau (NSB)</p> <p>Economic Development Bureau</p> <p>Oversight by the:</p> <p>Community Development Advisory Commission (CDAC)</p>	<p>City of Long Beach</p>		<p>100% participation in planning process</p> <p>Housing Services Bureau</p> <ul style="list-style-type: none"> Oversees HOME funds which will fund a component of the Housing First program Housing Action Plan Housing Trust Fund proposal Designs and implements very low and low-income housing Housing Services Bureau collaborates with the Housing Development Corporation to identify, develop and implement permanent affordable housing for homeless families Corporation for Supportive Housing meetings between HSB and HHS Bureau SRO project planning and development Efficiency Unit development as a form of affordable housing Lead on the conversion of hotel/motels into affordable permanent housing <p>Neighborhood Services Bureau</p> <ul style="list-style-type: none"> Responsible for the Consolidated Plan which includes CDBG, ESG, HOME and Continuum of Care funding Participated on the steering committee for the homeless count on 1/27/05 Works with businesses and neighborhood associations to address gaps in service for low and very low-income residents of Long Beach Responsible for the City's housing element (State and Federal) Reviews Impediments to Fair Housing

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> Leads planning body for Inclusionary Housing Ordinance Lead planning body for the Consolidated Plan <p>Economic Development Bureau</p> <ul style="list-style-type: none"> Coordinates Workforce Investment Board Welfare-to-Work Program and Career Transition Center Collects and analyzes data regarding need for additional job training programs Provides job readiness, training and placement for unemployed, underemployed, low, and very-low income residents of Long Beach
The Long Beach Housing Development Corporation	City of Long Beach		<p>90% participation in planning process</p> <ul style="list-style-type: none"> Advocates for and provides affordable housing programs and projects through for-profit and non-profit community providers Collects information regarding housing needs for low-income and homeless persons in Long Beach Gathers information from non-profits and private sector developers regarding the need for housing rehabilitation and financial assistance for special needs groups Develops and funds new housing programs for very low and low-income residents Participated in the CoC ranking, and allocation process Participated in public hearings to gather information on gaps in CoC system and Consolidated Planning process
Oversight of DHHS: Board of Health and Human Services	City of Long Beach		<p>85% participation in planning process</p> <ul style="list-style-type: none"> Allocates funding for the Emergency Shelter Grant program

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> • Allocates funding for Social Services Grant program • Holds periodic public hearings to gather information on gaps in social service needs • Collects information on gaps in the CoC • Reviews the CoC process, ensuring an open and fair process • Address the Mayor and City Council regarding gaps in the CoC and Social Service • Participated in the gathering of information and development of the Consolidated Plan and CoC system documents • Participating in the 10 year plan to end chronic homelessness in Long Beach
Los Angeles Homeless Services Authority (LAHSA)	Los Angeles County		90 % participation in planning process <ul style="list-style-type: none"> • Lead agency coordinating HMIS Steering Committee for Los Angeles/Orange County Regional Collaborative • Bring LA Home, 10-year planning process to end chronic homelessness, LB is member of the Blue Ribbon Panel, hosts community forums for SPA 8 • Winter Shelter Program coordination/funding • Year round shelter funding • Participating in the Long Beach 10 year planning process to end chronic homelessness
Los Angeles County Emergency Food and Shelter Program	Los Angeles County		75% participation in planning process <ul style="list-style-type: none"> • Examines needs countywide to determine poverty rates and food and shelter needs and shares information with the Working Group • Funds motel/food voucher program for

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>three agencies within the MSC Collaborative, 6 citywide</p> <ul style="list-style-type: none"> Participated on the Los Angeles County 10 year planning process and has been invited to participate in the Long Beach 10 year planning process Funds 1/3 of the winter shelter program in Los Angeles County
PUBLIC HOUSING AUTHORITIES (PHA'S)			
<p>City of Long Beach Housing Authority</p> <p>Oversight by the:</p> <p>Housing Authority Commission</p>	City of Long Beach		<p>85% participation in planning process</p> <ul style="list-style-type: none"> Collaborates with Homeless Services Coordinator and MSC to allocate 30 Section 8 vouchers to homeless families annually Administers the Shelter Plus Care program on behalf of the City of Long Beach Hosts quarterly meetings with DHHS and S+C providers to ensure effectiveness of program Provides input on housing affordability and gaps in permanent housing for the CoC System Participates in public forums to gather information on gaps in services for the CoC, ESG, SSGP and Consolidated Plan Participated in the CoC rating, ranking and allocation process Housing advocates from the Homeless Coalition, ICO, CAN and the Housing Trust Fund Coalition actively participate in the Housing Authority Commission meetings
NONPROFIT ORGANIZATIONS			
1736 Family Crisis Center	Los Angeles County	DV	<p>80% participation in planning process</p> <ul style="list-style-type: none"> Attends monthly Homeless Coalition meetings Participates as a member of the Villages at Cabrillo Advisory Group

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> • Attends all HMIS meetings and provides recommendation on the development and implementation of HMIS • Provides testimony at community public hearings • Provides data on domestic violence that is utilized in CoC • Participates in the Los Angeles County Domestic Violence Consortium, bringing education and data on domestic violence issues to the Working Group
Atlantic Recovery Services	City of Long Beach	SA, Y	<p>100% participation in planning process</p> <ul style="list-style-type: none"> • Attends monthly Homeless Coalition and MSC Agency Advisory Group meetings • Attends all HMIS meetings and provides recommendation on the development and implementation of HMIS • Provides testimony at community public hearings • Clients and Staff participated in Homeless Street count • Participates in the Long Beach Drug and Alcohol Coalition, bringing education, awareness and data regarding substance abuse to the Working Group
Beyond Shelter	City of Long Beach	Y, Other (Families)	<p>85 % participation in planning process</p> <ul style="list-style-type: none"> • Attends monthly Homeless Coalition and MSC Agency Advisory Group meetings • Staff coordinated logistics at the MSC for the homeless count 1/27/05 • Participates in Space Allocation Subcommittee to enhance MSC service providers/delivery systems • Attend HMIS meetings and provides

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>recommendation on the development and implementation of HMIS</p> <ul style="list-style-type: none"> • Provides testimony at community public hearings • Provides data and information about issues of homeless families to the Working Group • Works in conjunction with the Los Angeles County Emergency Food and Shelter Local Board
<p>Boy's and Girl's Town of Southern CA</p>	<p>Southern California Region</p>	<p>Y</p>	<p>75% participation in planning process</p> <ul style="list-style-type: none"> • Host of outreach network monthly meetings • Attends monthly Homeless Coalition meetings • Provides testimony at community public hearings • Participates in the Los Angeles County Youth Consortium, bringing education, awareness, and data regarding youth to the Working Group • Outreach team collects data on homeless youth in the community, which is utilized during the CoC planning process
<p>Catholic Charities – Emergency Shelter & Poverty Program</p>	<p>City of Long Beach</p>		<p>100% participation in planning process</p> <ul style="list-style-type: none"> • Treasurer of the monthly Homeless Coalition meetings • Participant in the street and service based Homeless Count on 1/27/05 • Attend HMIS meetings and provides recommendation on the development and implementation of HMIS • Provides testimony at community public hearings • Works in conjunction with the Los Angeles County Emergency Food and Shelter Local Board • Participates as a member of the Villages at Cabrillo and new member

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			of the MSC Advisory Group
Changing Spirits	City of Long Beach		50% participation in planning process <ul style="list-style-type: none"> • Participates as a member of the Villages at Cabrillo Advisory Group • Participated in homeless point-in-time count on 1/27/05 • Represents Native American interests
Children Today (The Play House)	City of Long Beach	Y	100% participation in planning process <ul style="list-style-type: none"> • Participant in 1/27/05 Homeless Count logistics and street count teams • Secretary of the MSC Agency Advisory Committee • Participates in MSC Space Allocation Subcommittee to enhance service providers/delivery systems • Attend HMIS meetings and provides recommendation on the development and implementation of HMIS • Participates in nonprofit partnership forums • Coordinates MSC client testimony at community public hearings • Provides data on childcare needs and issues relative to the CoC • Works with the Children's Clinic and the Health Department to plan for services to ensure homeless children receive full scope of services
Christian Outreach in Action	City of Long Beach		100 % participation in planning process <ul style="list-style-type: none"> • Participates in the Homeless Coalition meetings • Participated in 1/27/05 Homeless Count, service and street based enumerations • Coordinates homeless food/clothing programs with other local churches • Collaborates with HSC to align community members with CoC volunteer opportunities

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> • Provides testimony at community public hearings • Serves predominantly the chronically homeless • Participates in public comment regarding homeless services
Comprehensive Child Development Inc.	City of Long Beach	Y	85% participation in planning process <ul style="list-style-type: none"> • Participates as a member of the Villages at Cabrillo Advisory Group and monthly Homeless Coalition meetings • Provides recommendation on the development and implementation of HMIS • Provides testimony at community public hearings • Works with the State to ensure that homeless children have access to subsidized childcare services • Collects data and information on homeless children and brings information back to the Working Group
Disabled Resources Center	City of Long Beach		100% participation in planning process <ul style="list-style-type: none"> • Chair of the Housing Trust Fund Coalition • Advocates for Federal, State and local housing legislation, affordable housing, inclusionary zoning • Provides advocacy report at the monthly Homeless Coalition meetings • Provides testimony at community public hearings • Conducts community educational forums and coordinates rallies • Brings data and information on homeless disabled persons to the Working Group
Food Finders	City of Long Beach		100% participation in planning process

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> • Chair of the Homeless Coalition • Provides food donations for MSC hosted events including the 1/27/05 Homeless Count, MSC Mixer, monthly coalition meetings. • Provides food for community forums • Coordinates food delivery for numerous homeless shelters and programs • Provides testimony at community public hearings • Brings data and information on food needs to the Working Group
Institute for Urban Research and Development (IURD)	Los Angeles County		<p>100% participation in planning process</p> <ul style="list-style-type: none"> • Presents to neighborhood/business associations, planning commission regarding the siting of the year around shelter, funded by LAHSA, Supervisor Knabe's office and the City of Long Beach • Attends the MSC Agency Advisory Committee and Homeless Coalition meetings • Attend HMIS meetings and provides recommendation on the development and implementation of HMIS • Participated in the coordination of the January 27, 2005 Homeless Street and service based count process • Lead Consultant for the 10 year planning process to end homelessness • Coordination of in-depth assessment of homeless population demographics and citywide services which address homelessness
Interfaith Community Organization (ICO)	City of Long Beach		<p>100% participation in planning process</p> <ul style="list-style-type: none"> • One of the five sub-groups of the CoC Working Group • Participates in the Homeless Coalition, Housing Trust Fund Coalition

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> • Participants volunteered for all aspects of the 1/27/05 Homeless Count process • Collects information and concerns of faith based groups and brings the information back to Working Group for inclusion in CoC planning process • Provides testimony at community public hearings and City Council meetings • Advocates for policy changes to ensure rights and needs of homeless individuals, families and the poor are included in the Consolidated Plan and CoC • Community organizing and advocating for homeless issues • Organize community education outreach, working with neighborhood associations to overcome NIMBYISM • Conducted a study on residential motels and use of the Transient Occupancy Tax (TOT) • Participates in 10-year strategic planning process to end chronic homelessness
Interval House	City of Long Beach	DV	60% participation in planning process <ul style="list-style-type: none"> • Provides recommendations on the development and implementation of HMIS for DV providers • Organizes client testimony at community public hearings
Legal Aid Foundation	Los Angeles County		100% participation in planning process <ul style="list-style-type: none"> • Active member of Homeless Coalition, providing monthly reports regarding legal issues pertaining to housing and homelessness • Vice chair of the Housing Trust Fund Coalition • Provides testimony at community

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>public hearings</p> <ul style="list-style-type: none"> • Participates in police/community forums addressing homeless issues • Advocates for policy changes to ensure rights and needs of homeless individuals, families and of the poor are included in the Consolidated Plan, Housing Action Plan and CoC • Participating in the 10 year plan to end chronic homelessness in Long Beach
Long Beach Homeless Coalition	City of Long Beach		<p>100% participation in planning process</p> <ul style="list-style-type: none"> • One of the five sub-groups of the CoC Working Group • Maintains a centralized email group used by advocates and Homeless Services Coordinator to disseminate information, updates and to mobilize resources • Provides a centralized forum for monthly presentations from diverse stakeholders convening on the issue of homelessness and informs participants regarding associated legislation and development of resources • Generates ideas and recommendations to enhance current services and ensure that services address the needs of homeless residents • Advocates for policy changes to ensure rights and needs of homeless individuals, families and the poor are included in the Consolidated Plan, Housing Action Plan and CoC • Provides a forum for information exchange with homeless populations; feedback used in the CoC and other homeless initiatives in Long Beach, the County and State • Standing committees examine County, State and Federal policy impacts on CoC • Reviews the CoC annually to ensure

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>accuracy and inclusiveness</p> <ul style="list-style-type: none"> • Members regularly attend and present at HSAC and City Council meetings regarding homeless policies and planning issues • Participating in the 10 year plan development to end chronic homelessness in Long Beach
<p>Mental Health Association (MHA) The Village – Homeless Assistance Program</p>	<p>Los Angeles County</p>	<p>SMI, Y</p>	<p>100% participation in planning process</p> <ul style="list-style-type: none"> • Participates in monthly Homeless Coalition meetings, MSC advisory meetings • Active participant in monthly outreach network meetings • Staff and Clients participated in the 1/27/05 street based Homeless Count • Attends HMIS meetings and provides recommendations on the development and implementation of HMIS • Two staff members have been designated as HMIS outcome specialists for the LB CoC • Members regularly attend and present at HSAC and City Council meetings regarding homeless policies and planning issues • Advocates for policy change to ensure rights and needs of homeless persons, families and the poor are included in the Consolidated Plan, Housing Action Plan and CoC • Collects data on homeless mentally ill and dually diagnosed, ensuring that the CoC is comprehensive in meeting the needs of this hard-to-reach population • Provides data on barriers and gaps to housing for this sub-population to ensure inclusion in the CoC • Sponsors meetings of the Alliance for the Mentally Ill, bringing education and data on mental illness to the Working Group

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> • Participates in discharge planning coordination with correctional institutions • Represents predominantly chronically homeless clientele
Men's 12-Step House	City of Long Beach	SA	80% participation in planning process <ul style="list-style-type: none"> • Participation in community forums hosted by ICO, member of the Homeless Coalition and Housing Trust Fund Coalition • Provides testimony at community public hearings • Treasurer of Homeless Coalition for past two years • Participates on the Long Beach Drug and Alcohol Coalition, bringing education, awareness, and data regarding substance abuse to the Working Group
New Image Emergency Shelter	Los Angeles County	Y, HIV/AIDS	100% participation in planning process <ul style="list-style-type: none"> • Participates on the Villages at Cabrillo Advisory and MSC Agency Advisory Groups and Homeless Coalition • Provided staff, clients and donated food for the 1/27/05 Homeless Count street teams • Attends HMIS meetings and provides recommendations on the development and implementation of HMIS • Provides testimony at community public hearings • Meets regularly with business and neighborhood associations to discuss impact of Winter Shelter Program • Participates on the Long Beach and County HIV/AIDS HOPWA planning groups, bringing education, awareness, and data regarding HIV/AIDS to the Working Group • Participates on the LA County Youth

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			Consortium bringing education, awareness and data regarding youth to the Working Group
Salvation Army	Nationwide		85% participation in planning process <ul style="list-style-type: none"> • Participates on the Villages at Cabrillo Advisory and MSC Agency Advisory Groups • Attends HMIS meetings and provides recommendations on the development and implementation of HMIS • Provides testimony at community public hearings • Participates on the Long Beach Drug and Alcohol Coalition, bringing education, awareness, and data regarding chemical dependency issues to the Working Group • Works in conjunction with the Los Angeles County Emergency Food and Shelter Local Board
Shelter Partnership	Los Angeles County		80% participation in planning process <ul style="list-style-type: none"> • Provides project sponsors with training and consultation • Conducted Winter Shelter Survey to determine needs assessment for LA county • LA Countywide assessment on Access centers and performance based outcomes based on the APR data (Long Beach is one of 11 Access Centers) • Helps to ensure that there is no duplication of CoC activities in Long Beach and Los Angeles County
South Bay Drug and Alcohol Program	City of Long Beach	SA	60% participation in planning process <ul style="list-style-type: none"> • Attends monthly Homeless Coalition • Provides testimony at community public hearings • Participates on the Long Beach Drug

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			and Alcohol Coalition, bringing education, awareness, and data regarding substance abuse to the Working Group
St. Lukes Episcopal Church	City of Long Beach		100% participation in planning process <ul style="list-style-type: none"> • Member church of ICO • Weekend Homeless food/clothing/shower program • Provides avenues for community volunteer participation in homeless services • Provides day drop-in/resource center for homeless • Pastor agreed to Co-Chair faith based steering committee, aligning charitable efforts with the CoC system • Provides public testimony regarding affordable housing, needs of the chronically homeless • Participation in the 10 year plan to end homelessness in Long Beach
1 st Congregational Church	City of Long Beach		100% participation in planning process <ul style="list-style-type: none"> • Member Church of ICO • Pastor invited to participate in faith based steering committee, aligning charitable efforts with the CoC system • Hosts homeless community forums • Provides public testimony regarding the needs of homeless • Affordable Housing Advocacy • Host of Rainy Day shelter and the Winter Shelter Program for 04-05 season
2 nd Samoan Congregational Church	City of Long Beach		100% participation in planning process <ul style="list-style-type: none"> • Member Church of ICO • Provides office space for CAN-homeless and formerly homeless advocacy

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> • Conducts a daily lunch program for chronically homeless individuals • Provides a computer lab/resource center for the homeless • Conducts housing placement for homeless individuals and families
Substance Abuse Foundation	Los Angeles County	SA, HIV/AIDS	<p>100% participation in planning process</p> <ul style="list-style-type: none"> • Participates on the MSC Agency Advisory Group • Member of the Homeless Coalition • Staff and clients participated in the 1/27/05 Homeless Count street teams • Attend HMIS meetings and provides recommendation on the development and implementation of HMIS • Provides testimony at community public hearings • Participates on the Long Beach Drug and Alcohol Coalition, bringing education and data regarding substance abuse to the Working Group • Participates in the Long Beach HIV Planning Group, bringing education and data regarding HIV/AIDS to the Working Group • Participates in discharge planning coordination with correctional institutions
United States Veterans Initiative	Nationwide	VETS, SA	<p>100% participation in planning process</p> <ul style="list-style-type: none"> • Lead member of the Villages at Cabrillo Advisory Group • Attends monthly Homeless Coalition meetings • Coordinated the 1/27/05 service based Homeless Count for all Villages of Cabrillo shelter providers • Attend HMIS meetings and provides recommendation on the development and implementation of HMIS • Two staff members have been

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>designated as HMIS outcome specialists for the LB CoC</p> <ul style="list-style-type: none"> • Provides testimony at community public hearings • Partners with local VA hospital to expand services for homeless veterans in Long Beach and ensures that information is brought to the Working Group
Wells House Hospice Foundation	City of Long Beach	HIV /AIDS	<p>40% participation in planning process</p> <ul style="list-style-type: none"> • Provides testimony at community public hearings • Provides input on the needs for end of life care for homeless persons with chronic illness
Woman to Woman National Council on Alcoholism	City of Long Beach	SA, DV	<p>75% participation in planning process</p> <ul style="list-style-type: none"> • Attends monthly Homeless Coalition meetings • Provides testimony at community public hearings • Participates in the Long Beach Drug and Alcohol Coalition, bringing education, awareness, and data regarding substance abuse to the Working Group
BUSINESSES / BUSINESS ASSOCIATIONS			
Century Housing Corporation	Los Angeles County		<p>50% participation in planning process</p> <ul style="list-style-type: none"> • Assists communities in planning and building low, very low cost and free housing for homeless people • Supports the development of a Housing Trust Fund in Long Beach • Financed the renovation of the Villages at Cabrillo for multi-use emergency, transitional and permanent housing • Participates in public comment forums regarding housing development

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
Cantwell Anderson	Nationwide	VETS	65% participation in planning process <ul style="list-style-type: none"> • Develops emergency, transitional, and permanent affordable housing and supportive services for homeless residents • Provides testimony at community public hearings • Developer that renovated the Villages at Cabrillo
West Project Area Committee, Central Project Area Committee Redevelopment Districts	City of Long Beach		60% participation in planning process <ul style="list-style-type: none"> • Provides testimony at community public hearings • Works with the MSC and Villages at Cabrillo to ensure that new programs in the CoC enhance the community, meet the needs of the homeless, and minimize impact to neighborhoods and businesses • Assists the City in distributing information on public hearings and forums to enhance community input
Boeing	City of Long Beach		80% participation in planning process <ul style="list-style-type: none"> • Development of services that are gaps in the CoC – development of affordable housing • Development of a funding source for the Housing Trust fund • Participate in providing services at the MSC to fill gaps in the CoC • Participating on the 10 year planning process to end homelessness in Long Beach
Verizon Communications	City of Long Beach		80% participation <ul style="list-style-type: none"> • Participates in special programming of services at the MSC to meet gaps in the CoC system • Conducts donation drives monthly to supplement MSC supplies • Co-Chairing the 10 year planning

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>process to end homelessness in Long Beach</p> <ul style="list-style-type: none"> Participated in the point in time count shelter and street count in Long Beach
Hilton Hotels	City of Long Beach		<p>85% participation</p> <ul style="list-style-type: none"> General Manager is a member of the Homeless Services Advisory Committee General Manager is a board member of the Convention and Visitors Bureau Participating on the 10 year planning process to end chronic homelessness Spear heading a business group involvement committee for ways business in Long Beach can assist in ending chronic homelessness Working with the Chamber of Commerce and the Visitors Bureau to strength business involvement with the CoC system
Neighborhood Associations (Willmore, Drake Park, Wrigley, and West End Community)	City of Long Beach		<p>100% participation in planning process for projects located within respective districts</p> <ul style="list-style-type: none"> Provides testimony at community public hearings Community volunteers participated in the 1/27/05 Homeless Count Works with the MSC and the Villages at Cabrillo to ensure that new programs in the CoC enhance the community, meet the needs of the homeless, and minimize impact to neighborhoods and business districts Works with the MSC and the Villages at Cabrillo to ensure safety of community Assists the City in distributing information on public hearings and forums to enhance community input
Downtown Long Beach Associates (DLBA) and Downtown Guides	City of Long Beach		<p>100% participation in planning process</p> <ul style="list-style-type: none"> Provides a voice for area businesses concerned with homeless people who

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>concerned with homeless people who are encountered in downtown business districts and reports to HSAC</p> <ul style="list-style-type: none"> • Attends monthly Homeless Coalition meetings • Provides testimony at community public hearings • Assists in distributing information regarding public hearings to enhance community input • Hosts monthly task force meetings with City Council representatives, community leaders and the Homeless Services Coordinator to review homeless issues specific to the downtown area • Downtown Guides work regularly with MSC and Mental Health Association outreach workers to locate homeless individuals and provide them with information on available services • Downtown guides participated in the 1/27/05 street based Homeless Count • The final IDA report provided independent research and feedback to the Working Group regarding service provisions and gaps in service • HART (Homeless Assistance Response Team) – a collaborative outreach effort to chronic homeless via the outreach network, DLBA guides and the LB Police Dept.
Pine Avenue Business Association	City of Long Beach		<p>70% participation in planning process</p> <ul style="list-style-type: none"> • Comprised of business owners and operators for the downtown business corridor • Reviews recommendations from the International Downtown Association (IDA) to develop a strategic plan to address homelessness in the downtown area with the Working Group • Develops untraditional methods of

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			partnering with City and social service agencies to address homelessness in the downtown business district <ul style="list-style-type: none"> • Members participate in the 10-year strategic planning process to end chronic homelessness • Participate in public comment regarding CoC system
HOMELESS / FORMERLY HOMELESS PERSONS			
Long Beach - Community Action Network (CAN)	City of Long Beach		100% participation in planning process <ul style="list-style-type: none"> • Comprised of homeless and formerly homeless persons • One of the five sub-groups of the CoC Working Group • Integral role in citywide homeless street enumeration and comprehensive assessment process • Attends HMIS meetings and provides recommendations on the development and implementation • Reviews policies of agencies serving homeless persons at the MSC to ensure that client services remain effective • Participated in Site Visits of shelters as part of the ad hoc review of CoC renewal applications • Advocates for policy changes to ensure rights and needs of homeless individuals, families and of the poor are included in the Consolidated Plan, Housing Action Plan and CoC • Advocates for client needs and issues related to service at the MSC and throughout the City • Recommends the development of new programs or adjustments to existing programs • Members regularly attend, organize testimony at HSAC and City Council meetings regarding homeless policies

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			and planning issues <ul style="list-style-type: none"> • Participates in development of 10-year strategic plan to end chronic homelessness
LAW ENFORCEMENT			
City of Long Beach Police Department	City of Long Beach		100% participation on planning <ul style="list-style-type: none"> • Operates 4 Long Beach M.E. T. (Mental Evaluation Teams) to assist with homeless mentally ill clients • Participates on the Interdepartmental Task Force on Homelessness • Makes special presentations to the Homeless Services Advisory Committee regarding police and homeless issues • Works with the MSC and the Villages at Cabrillo to ensure that new programs in the CoC enhance the community, meet the needs of the homeless, and minimize impact to neighborhoods and business districts • Works with the MSC and the Villages at Cabrillo to ensure safety of the community • Attends monthly Homeless Coalition meetings to address police and homeless relations • Works with the outreach teams to identify homeless encampments in the City • Member of the Outreach Network and attends monthly meetings • Works with the Downtown Guides to distribute resource directories to homeless persons • Collaboration with the DLBA guides, outreach network enhancing communication and resources for the chronically homeless. • Participates in 10-year planning

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
City of Long Beach Police Department - Continued			<ul style="list-style-type: none"> Educates other city departments, and the community about the scope of homeless issues Process to end chronic homelessness
HOSPITAL / MEDICAL			
Long Beach Veterans Affairs Healthcare System	City of Long Beach	VETS	80% participation in planning process <ul style="list-style-type: none"> Coordinates VA medical services with MSC collaborative Attends monthly Homeless Coalition meetings Provides testimony at community public hearings Advocates for and provides data on veterans in Long Beach Participates as a member of the Villages at Cabrillo Advisory Group Lead coordinating body of the Annual Long Beach Stand Down event for homeless veterans
The Children's Clinic	City of Long Beach	Y	75% participation in planning process <ul style="list-style-type: none"> Provides testimony at community public hearings Works with the DHHS to plan services to ensure homeless children and their families receive primary medical care Participates in the MSC Agency Advisory Committee Educates members of the Working Group on medical issues related to homeless children and families
City of Long Beach – Preventive Health Bureau	City of Long Beach	SA, HIV/AIDS, Y	70% participation in planning process <ul style="list-style-type: none"> Coordinates the mobile health clinic outreach to city parks, offering basic health screenings for the homeless Provides HIV and other sexually transmitted disease testing through their mobile clinic at the MSC and Villages at Cabrillo and educates members of the Working Group on health issues of homeless persons

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<ul style="list-style-type: none"> • Distributes Resource Directories at all sites served by the mobile clinic throughout the City • Training of medical models for homeless outreach staff who work with the chronically homeless
City of Long Beach – Public Health Nursing	City of Long Beach		<p>100% participation in planning process</p> <ul style="list-style-type: none"> • Staff is Chair of the MSC Agency Advisory Group, homeless coalition • Coordinates medical outreach, education and represents the MSC at community Medical Advisory Board • Conducts discharge planning trainings for local hospital personnel to ensure homeless are placed appropriately upon discharge. • Attend HMIS meetings and provides recommendation on the development and implementation of HMIS • Works with The Children’s Clinic to ensure that homeless individuals, children and families receive primary medical care • Provides information to Working Group members on trends in medical issues related to homeless persons served through their programs
Long Beach Comprehensive Health Center	City of Long Beach		<p>70 % participation in planning process</p> <ul style="list-style-type: none"> • Host of the Medical Advisory Board for Long Beach • Participant in the Homeless Count • Pick up site for the Winter Shelter Program • Participating in the CoC discharge planning sub-committee • Participating in the 10 year planning process to end homelessness

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
Long Beach Memorial Medical Center	City of Long Beach		100% participation in planning process <ul style="list-style-type: none"> Participates in the CoC discharge planning sub-committee The Children's Clinic provides services, planning and funding to ensure that homeless individuals, children and families receive primary medical care Provides information to Working Group members on trends in medical issues related to homeless persons served through their programs Participates in local public hearings to advocate for the health and medical care of homeless children and adults Participates on the MSC advisory Committee Participating in the 10 year planning process to end homelessness
Pacific Hospital	City of Long Beach		50% participation <ul style="list-style-type: none"> Participating in the CoC discharge planning sub-committee Participating in the 10 year planning process to end homelessness
Long Beach Community Hospital	City of Long Beach		50% participation <ul style="list-style-type: none"> Participating in the CoC discharge planning sub-committee Participating in the 10 year planning process to end homelessness
FUNDERS			
Port of Long Beach Employee Association	City of Long Beach		<ul style="list-style-type: none"> Participated in a tour and presentation at the MSC Coordinates donor drives to enhance MSC service delivery, resources for clients Participating on the 10 year planning process to end chronic homelessness Volunteers provide assistance to fill gaps in the CoC
The Gumbiner Foundation	City of Long Beach		<ul style="list-style-type: none"> Funds gaps in the CoC for homeless families Meets regularly with funders to

Name of CoC Org/Persons	Geographic Area Represented	Sub-populations Represented, if any*	Level of Participation In Planning Process
			<p>exchange information on current needs and priority gaps and shares information on funding initiatives to address gaps</p> <ul style="list-style-type: none"> • Provides testimony at community public hearings • Founder of Long Beach Nonprofit Partnership, an organization dedicated to building capacity of service agencies • Funding for the year round shelter • Steering committee member for the 1/27/05 Homeless Count • Provided funding support for the 2005 Homeless Count
The California Community Foundation	State of California		<ul style="list-style-type: none"> • Conducts studies on community needs and utilization of programs; Information is utilized in the CoC planning process
The Casey Foundation	Long Beach Chapter	Y	<ul style="list-style-type: none"> • Conducted needs assessments on youth aging out of the foster care system and becoming homeless • Hosts forums to collect information regarding service needs of the youth subpopulation
United Way	County of Los Angeles		<ul style="list-style-type: none"> • Collaborated with DHHS to provide funding support for non-profits providing services through the MSC. • Funds activities to address gaps in resources for homeless families through the MSC Collaborative

Exhibit 1: Continuum of Care Goals and System

1. Long Beach's Continuum of Care Goals, Strategy, and Progress

1.a Past Performance Chronically Homeless

Long Beach's CoC system continues to address the issues surrounding episodic homelessness, but is shifting focus to service methodologies that better address the special needs of the chronically homeless, which comprise approximately 12% of Long Beach homeless. The impetus for this policy shift is mainly due to the results of the Homeless Counts (2003, 2005) and Comprehensive Assessment completed in 3/2004. The CoC system has begun to transform services to successfully engage the chronically homeless that were historically thought to be service and system resistant.

Over the past 12 months, the various agencies and advocacy bodies involved in the CoC system identified specific areas of need and service methodologies with regard to the chronically homeless. Citywide agencies have begun to implement specialized programming geared toward engaging chronically homeless where they reside, while encouraging them to enter a new low demand basic service component designed to decrease the length of the engagement process. The following lists the accomplishments of last year's goals reached over the past 12 months:

The 1st Goal Reached:

The multi-disciplinary outreach network, which is comprised of many agencies and types of outreach workers from case managers, public health nurses, previously homeless, mental health and drug and alcohol specialists, continue to meet monthly and have success in housing chronically homeless persons. This past year, the monthly meetings were chaired by a previously homeless client who has been an intern of the Multi-Service Center, (MSC).

The effectiveness of this collaboration has resulted in broader outreach, successful engagement and increased housing placement for the chronically homeless. On average, the outreach network places 2 chronically homeless clients a month directly from the streets into permanent housing with supportive services follow up from MSC case managers. The successful outcomes of placing chronically homeless into permanent housing is due to the development and enhancement of the outreach network and the team work of the different agencies in the CoC system to provide a flexible menu of services that are tailored to the special needs of each chronically homeless client encountered on the street.

The outreach network has become the first responder to locations where the chronically homeless reside citywide. City Departments thru the Interdepartmental Task Force on Homelessness have formalized the notification process to the outreach network when it is anticipated they will come across locations where homeless reside. This process ensures the opportunity for humanistic interventions by service providers and allows for more successful intervention with the chronically homeless. The Interdepartmental Task Force has also created avenues to work with the state Cal Trans to ensure notification of the outreach network whenever they will be doing projects that will come into contact with encampments or disenfranchised homeless individuals. Again this provides the opportunity for the outreach network to provide chronically homeless with access to resources and a stronger chance of housing placement.

The 2nd Goal Reached:

In February of 2005, the Homeless Services Advisory Committee, Working Group and homeless advocates were successful in getting the Mayor and City Council to approve a process for the development of a 10-year plan to end chronic homelessness in Long Beach. The Mayor and City Council also hosted a meeting for local business members, for profit developers and community leaders with the Inter-Agency Council on Homelessness to discuss how and why they should be involved in the 10-year planning process.

The 3rd Goal Reached:

The Housing Trust Fund Coalition and the Save Section 8 Coalition have developed and grown over the past year into strong advocacy groups that focus on solutions to the local housing crisis. The efforts of these two groups have prevented homelessness for many disabled residents on fixed incomes with Section 8 subsidized housing vouchers. The Housing Trust Fund Coalition, comprised of homeless clients, advocates, service providers, housing developers and faith-based representatives, has made a significant impact with community education for community residents and elected government officials. The group mobilizes public testimony and advocacy

for the development of affordable housing. Both of these coalitions will be major resources for the 10-year planning process.

The 4th Goal Reached:

The Homeless Services Division and community-based organization (CBO) have made significant progress in working with faith-based organization (FBO) to align with the broader solutions to end homelessness. Public park feeding and clothing distribution by well-intentioned FBO and other CBO met with neighborhood opposition. A letter was distributed to these groups, to encourage participation in the broader Continuum of Care system. As a result, many of these groups have conducted clothing and hygiene supply donation drives to supplement MSC resources for the chronically homeless basic services component (shower, laundry, mail and message center). As well, increased coordination between FBO's and the creation of a FBO steering committee will enhance engagement and service delivery with the chronically homeless within the CoC system.

The 5th Goal Reached:

In the past 12 months, the MSC has refocused its services as low demand to enhance the accessibility for chronically homeless clients. The adjustment has increased the use of basic services at the MSC by chronically homeless individuals entering the center for basic services (showers, laundry, mail and message service). Clients are returning an average of fifteen times per month. This trend is evidence that low demand, high tolerance access to the MSC for basic services is an effective means of engaging this population and creating the opportunity for the positive outcome of permanent housing placement. The CHOICE survey, given to all clients who enter the MSC, delineates that 45% of the 1,040 clients surveyed are most interested in permanent housing placement, with basic services ranking second at 25%.

The 6th Goal Reached:

Over the past 12 months several new mainstream CBO have been added to the list of agencies providing services at the Multi-Service Center to increase the access into mainstream services. The Department of Public Social Services (DPSS) and a nonprofit agency (Harbor Interfaith) have committed staff resources to the MSC to streamline the application process for General Relief (GR), Temporary Aid to Needy Families (TANF) and food stamps. MSC clients are also able to attend informational classes by DPSS instructors, regarding the public benefits processes, responsibilities and resources for childcare and employment.

1b. Any remaining obstacles to achieving this goal

While the City has a well-coordinated CoC system and progress has been made over the past year toward addressing chronic homelessness, obstacles remain to achieving the goal of eliminating chronic homelessness. Engaging the chronically homeless into the existing system involves increasing specialized outreach, awareness and services to meet the individualized needs of the clients. The outreach network is successful in placing a minimum of two chronically homeless into housing every month. The outreach network report logistical barriers in the areas of: obtaining ID, social security cards and birth certificates to secure public benefits, enter shelters or detox programs; psychological barriers of low self-esteem, relationship and decision making challenges; financial limitations involving the income to rent ratio and ability to budget limited income to sustain long term housing stability. The outreach network is developing avenues to overcome these barriers. The CoC system is focused on enhancing the success rate and number of persons placed in permanent housing each month.

Additionally, the outreach network reports and the 2004 Comprehensive Homeless Assessment confirms pervasive substance abuse among the chronically homeless population residing on the street. The limited number of beds available for detox and drug/alcohol programs creates barriers for those ready to become clean and sober as part of their housing transition plan.

The challenge to effectively engage and house the chronically homeless is the CoC's main focus. In terms of services to the chronically homeless, the identification of diverse funding sources and new innovative partnerships is necessary to increase the number of permanent affordable housing units and supportive services in Long Beach. Although there is progress under development to convert blighted motels into efficiency units to house this population, diverse options for affordable supportive permanent housing will be critical in our efforts to stamp out chronic homelessness. Specifically, there is an identified need for additional detox beds, substance abuse treatment beds and housing for the seriously mentally ill and dual diagnosed subpopulations. Collaborative efforts with housing providers will focus on the development of these resources.

1c. Changes in the total number of chronic homeless persons reported in 2004 and 2005

The increased effectiveness of the outreach network teams has made a noticeable difference in the population of clients served at the Multi-Service Center (MSC). Daily and monthly statistics show an increase in single male and female clients entering the CoC system for the first time, with 22% of clients entering the MSC meeting the HUD definition of chronic homelessness. Additionally, duplicated counts indicate that repeat visits by chronically homeless clients have increased exponentially. This is evidence that the improved street outreach efforts have successfully established trust and informed the chronically homeless of the expanded access to service delivery at the MSC, which is the entry point for homeless services citywide. Since reducing service barriers by making "basic services" for shower, laundry and mail more accessible at the MSC, combined with low demand for other comprehensive services, the CoC system has found that the chronically homeless are more comfortable entering the MSC. Outreach teams have provided direct transportation and assistance for clients via personal introduction to the intake liaison located at the MSC. The intake liaison has been able to successfully connect with this population, provide access to the services requested, establish rapport and over time, encourage clients to access more than the basic services. Consequently, the engagement process has been systemically decreased in length of time between street outreach and case management services.

The outreach network teams coordinate street services with each other via cell phones to ensure chronically homeless are linked with the appropriate outreach specialist such as mental health, substance abuse, veteran, youth or medical workers. Outreach workers have been given flexibility to conduct intakes on the streets if a client is unwilling or unable to enter the MSC. Outreach workers have been able to successfully place chronically homeless directly from the streets into permanent housing using this intake method. For those that do enter the MSC initially for basic services, the intake liaison reports that the majority are linked to a case manager within 60-90 days of accessing basic services.

As a result of the increased specialized outreach network, combined with the provision of low demand service for chronically homeless at the MSC, the CoC system has successfully housed 385 chronically homeless individuals between June 2004 and June 2005. The collaborative efforts of the outreach network has made a profound impact on the way the CoC system engages clients for service and is promoting the outreach philosophy through training of specific groups:

the Downtown Long Beach Associates guides, the Long Beach Police bicycle patrol, the downtown South and West Division police commanders and through the Interdepartmental Task Force on Homelessness. The work with the Long Beach Police Department has assisted in addressing frequent offenders of nuisance crimes, collaborating on difficult cases involving mental health or chronic substance abuse clientele, while sharing information about resources. The increased collaboration between the Police Department and the outreach workers has facilitated a more proactive approach to addressing the homeless population and associated community and business concerns. The outreach network intends to expand training opportunities to other groups that are not specifically homeless focused; yet would assist in the efforts to educate the community as well as working to end chronic homelessness in our City.

Individuals Chart	
Number of Chronic Homeless Individuals	
	Point in time count
2004	1,635
2005	1,056

Beds Chart			
Number of Permanent Beds to House the Chronically Homeless			
	Permanent beds as of Jan	Permanent beds net change	End of year TOTAL
2004	146	58	204
2005	204		

(2). Current Chronic Homeless Strategy

The City completed a citywide homeless count in 2003 and 2005 and an in-depth assessment in 2004, which found that 12% of the annualized homeless population is experiencing chronic homelessness based on the HUD definition. The 2005-point in time count indicated that 43% of the clients counted point in time fit the description of chronically homeless. The point in time chart above is calculated based on the point in time number versus the annualized chronically homeless figure of 12%. From the information captured through the homeless assessment, the City's CoC system has refocused its efforts to address the high number of chronically homeless found in Long Beach. The service providers in the City's CoC system share the vision of ending chronic homelessness in Long Beach. The CoC agencies continue to improve client-centered, culturally competent activities and the "no wrong door" and "no fail" approach. The no wrong door policy will assist clients in entering the CoC system thru any agency, while simultaneously looking at ways to close the back door, which will prevent chronically homeless clients from cycling back onto the streets. The core philosophy to the no "wrong door" policy is assessment and addressing the immediate needs of the person, which include food, clothing and shelter. The following list is the core of the CoC delivery system for chronically homeless services: service-enriched permanent housing, substance abuse and mental health treatment, primary health care, homeless veteran services, and in-home case management services with enhanced supportive services. The outreach network provides the critical link between the streets and supportive services. The CoC has developed a comprehensive approach that is coordinated and integrated; yet flexible to address the varying needs of chronically homeless persons. As a result of these efforts, 385 chronically homeless clients were placed in permanent housing between June 2004 and June 2005. The outreach network has been able to decrease the length of engagement while building on small successes by working with clients where they are and providing basic amenities during street outreach efforts, which has produced strong outcomes of permanent housing placement.

To most effectively engage and maintain services for the chronically homeless population, the CoC developed a seamless, low demand, high tolerance, system that is integrated throughout Long Beach. Due to the chronically homeless persons' previous negative experiences with

multiple systems of care, the Long Beach CoC is based on immediate access to comprehensive services either through the Multi-Service Center, or through the multi-disciplinary outreach network team, which brings needed resources to clients where they reside. The outreach network continues to gain rapport with the chronic homeless population, building upon their relationship to empower the individual to decide to access resources. The City's 10-year strategic plan for ending chronic homelessness will promote a design that strengthens coordination of existing services, increases accessibility to housing, and promotes flexibility to address the challenges of adapting services to people with multiple complex issues who have lived on the streets for prolonged periods of time.

Streets, parks, encampments, and alleys are where most of the chronically homeless reside; street outreach programs are the critical link between the chronically homeless and comprehensive services. The MSC agencies coordinate the multi-disciplinary outreach network (comprised of outreach case managers, public health nurses, mental health advocates, substance abuse case managers, veterans case managers and mental health clinicians). This outreach network provides services to clients where they reside, ranging from: intake, assessment and treatment planning, health assessments (physical and mental), minor wound treatment and medical screenings, referrals into mainstream programs, assistance navigating the medical and mental health systems and housing placement. This approach has been successful in providing services to clients that in the past did not access services due to significant physical and psychological barriers.

To facilitate immediate access to services, transportation from one service provider to another is provided to the homeless clients. The Mental Health Association (MHA) and U.S. Vets both operate daily shuttle services, while other service providers distribute bus tokens and bus passes and assist disabled clients to obtain bus passes and shuttle services through mainstream resources.

Another component of the CoC system, which addresses chronic homelessness, is the implementation of an integrated system of care database tracking system, or the Homeless Management Information Systems (HMIS). The HMIS will increase access to resources, streamline client information gathering, and eliminate service duplication. The case manager can access information such as service history, information about eligibility for services, what services s/he received, and rely on consistency of information relevant to the client. The information will allow for appropriate referrals, flexible changes in the level of service, and the elimination of duplicate efforts of service providers to assist the client. The HMIS will also supply data on demographics, service delivery, program effectiveness, resource/service gaps, service utilization, and the overall continuum efficiency and effectiveness in achieving positive housing and service outcomes. By refocusing service efforts to address the special needs of the chronically homeless, the CoC system will be able to track progress on the number of chronically homeless placed and maintained in permanent housing.

3. Coordination of Chronically Homeless Services

The City of Long Beach, Department of Health and Human Services (DHHS), Human and Social Services Bureau (HSSB) is the entity coordinating the community process that updates and implements the citywide Continuum of Care (CoC) system. This same Bureau is the coordinating entity for the community process currently underway for the development of a 10-year plan to end chronic homelessness (plan). The placement of both the CoC and the planning process in the same Bureau will ensure a streamlined and integrated process. Another reason for

having the plan coordinated through the City is to have a central body bring together many different stakeholder groups with different perspectives about homelessness, but all with the same ultimate goal of ending chronic homelessness. The City is working with all of the above partners listed and beginning to involve non-traditional groups into the homeless planning process (i.e. business owners, business associations, the Convention and Visitors Bureau, Chamber of Commerce, Work Force Investment Board, Universities, Apartment Associations, etc). The Mayor, City Council members and the City Manager's office have annually endorsed the City's CoC system and are now actively participating in the 10-year strategic planning process to end chronic homelessness. The Mayor is chairing the planning process along with a major Long Beach business provider (Verizon Communications). City officials provided funds and devoted staff resources toward the development and implementation of a plan.

4. Chronic Homelessness Goals Chart

Goal: End Chronic Homelessness "What"	Action Steps "How"	Responsible Person/Org "Who"	Target Dates "When" mo/yr
Goal 1: Increase engagement and access to resources by reducing barriers experienced by chronically homeless clients			
1a) Specialize outreach network contacts to foster better connection to resources	<ul style="list-style-type: none"> Enlist the commitment of drug and alcohol counselors in conducting street outreach and education to facilitate access to treatment/ recovery and housing. Enlist additional MSC case managers to assist the outreach network in connecting clients with resources 	MSC Coordinator Glen Bouscher	August 2005
1b) Increase community re-entry with skills development	<ul style="list-style-type: none"> Expand donations/client access to clothing closet @ MSC Develop a computer lab with internet accessibility for chronically homeless at the MSC Develop additional employment, job postings at MSC 	Glen Bouscher/ Ben Espita - Goodwill	Sept. 2005 Ongoing resource
1c) Increase access to mainstream resource programs	<ul style="list-style-type: none"> Expand van shuttle route to include hospitals, SSA, LA County Mental Health Services Secure funding to assist clients with obtaining ID, birth certificates and social security cards Increase DPSS role at the MSC, via time and staff resources to connect clients to public benefits 	HSC – Susan Price	Dec. 2005
Goal 2: Develop and implement a Faith Based Organization (FBO) Steering Committee to address the needs of the chronically homeless residing on the streets in Long Beach			
2a) Determine membership of the FBO steering committee	<ul style="list-style-type: none"> Contact known faith based organizations that are providing services to the chronically homeless Compile a directory of FBO's contact information, services provided to the homeless Invite FBO's to a steering committee planning session to outline the mission, purpose and time commitment 	Gary Commins – Pastor of St. Lukes Church	Sept. 2005

Goal: End Chronic Homelessness "What"	Action Steps "How"	Responsible Person/Org "Who"	Target Dates "When" mo/yr
2b) Integrate Faith Based Organization activities with the broader CoC system of care	<ul style="list-style-type: none"> • Integrate existing programs operated by FBO into CoC • Connect the outreach network activities with the FBO resources for chronically homeless individuals • Promote MSC resources at FBO weekend programs for the chronically homeless • Coordinate FBO services to fill gaps in the CoC system 	FBO Steering Committee	Nov. 2005
2c) Encourage funding expansion & resources to sustain FBO efforts	<ul style="list-style-type: none"> • Promote volunteers engagement in opportunities to support weekend (FBO) activities for chronically homeless • Coordinate efforts by FBO's to enhance current services • Direct potential donors to the FBO participants 	HSC – Susan Price	Jan. 2006
Goal 3: Develop and implement strategies to educate and involve community stakeholders in solution based practices that reduce chronic homelessness			
3a) Develop diverse methods of educating community stakeholders and getting stakeholders involved in the 10-year planning process	<ul style="list-style-type: none"> • Invite community stakeholders to meetings held throughout the year on homeless issues and to be a part of the 10-year planning process • Attend neighborhood/business association meetings to discuss scope of homelessness, current resources, how the community can get involved and assist with solutions to end chronic homelessness • Make presentations to churches, community centers, business/neighborhood assoc. utilizing speakers bureau 	Lead HSC, Susan Price Assistance: CAN, ICO, Homeless Coalition and HSAC	June 2006
3b) Maintain a comprehensive homeless services website	<ul style="list-style-type: none"> • Incorporate educational materials, funding announcements, current events calendar and 10 Year Planning information • Utilize to educate community constituents about how to access CoC system services • Provide information on additional funding sources that CBO and FBO can access to enhance CoC services 	Lead HHS Manager and assistance: 10 yr plan Coordinator	Sept. 2005 Ongoing updates
Goal 4: Plan and develop opportunities for permanent affordable housing with supportive services to assist in stabilizing the chronically homeless			
4a) Identify funding sources to develop additional affordable housing	<ul style="list-style-type: none"> • Begin utilizing HOME funds to support permanent housing placement – rental/utility subsidy • Enter discussions with non-profit housing providers and CHDO providers to create affordable housing projects • Access both State and Federal Housing dollars (i.e. Prop 46 housing dollars, HUD, HCD, etc) 	Lead HSC Susan Price and HSSB manager- Corinne Schneider	May 2006

Goal: End Chronic Homelessness "What"	Action Steps "How"	Responsible Person/Org "Who"	Target Dates "When" mo/yr
4b) Increase Housing First program access	<ul style="list-style-type: none"> Expand partnership with current HOME providers and community landlords, using incentives to encourage housing providers to accept referrals for housing Expand on program/protocols on evidence-based practices – to include Redevelopment property and FBO property Attend trainings to educate and network with new landlords at the Neighborhood Resource Center operated by Community Development Department Coordinate service providers and FBO efforts to develop housing resources existing in the community Connect Outreach efforts with the Housing Coordinator at the MSC for landlord vacancies to place chronically homeless directly into housing 	Lead – HSC Susan Price. Support - MSC Coordinator Glen Bouscher Housing Coord. – Keith Blackwell	October 2005 Jan 2006 Sept 2005
4c) Promote access to planned permanent housing projects	<ul style="list-style-type: none"> Enhance pathways from the streets into housing to suit chronically homeless individuals specific needs 	Housing Coordinator Keith Blackwell	July 2005
	<ul style="list-style-type: none"> Work with Housing Services Bureau to develop new contracts for funded affordable housing to set-aside a certain number of permanent affordable housing units specially designated for MSC chronically homeless clients 	HHSB Manager Corinne Schneider	Jan 2006
	<ul style="list-style-type: none"> Develop formal referral mechanism for the permanent housing projects within the Continuum (for chronically mentally disabled, with and without substance abuse issues and veterans with disabilities) 	Lead HSC Susan Price	October 2005
4d) Partner with Housing Services Bureau (HSB) to implement efficiency unit project -chronically homeless	<ul style="list-style-type: none"> Form partnerships among: HSB, Human/Social Services Bureau, affordable housing developers, and non-profits Educate City leaders/staff, Business/community Asso. regarding feasibility and need for efficiency units Access funding sources (i.e., HOME funds, Prop 46, HCD, HHS) to provide funding for acquisition, rehabilitation and supportive services 	Lead HHSB manager Corinne Schneider Support HSC Susan Price	May 2006
Goal 5: Implement a strong community-wide engagement process to launch a comprehensive 10-year strategic plan to end chronic homelessness			
5a) Educate CBO/FBO on CoC system increase capacity to end chronic homelessness	<ul style="list-style-type: none"> Distribute materials about successful implementation strategies from other communities to gain support/confidence in realistic options for local successes 	Lead HSC Susan Price	August 2005
	<ul style="list-style-type: none"> Conduct trainings to focus on adapting current service provisions to increase effectiveness in reaching the chronically homeless population 	Lead HSC Susan Price, CAN	Sept 2005

Goal: End Chronic Homelessness “What”	Action Steps “How”	Responsible Person/Org “Who”	Target Dates “When” mo/yr
5b) Mobilize advocates/coalition to take part in strategies to end chronic homelessness	<ul style="list-style-type: none"> • Advocacy efforts will be targeted towards affordable housing solutions, and geared toward educating government officials and business leaders • Involve advocates in the expansion of outreach efforts to educate neighborhood groups, business associations and downtown tenants • Work with CAN to convene a chronically homeless advisory board to guide the gathering of input from them regarding proposed solutions 	Lead HSC, Susan Price Support CAN, ICO, Homeless Coalition	Sept 2005
5c) Include nontraditional partners/resources to facilitate drafting a Strategic Plan to End Chronic Homelessness	<ul style="list-style-type: none"> • Utilize the Interdepartmental Task Force on Homelessness to engage a full array of governmental resources • Mayor and key Business leader to chair the 10 yr. strategic planning process to end chronic homelessness • Market the concept to nontraditional community stakeholders, promoting community leadership roles. • Plan short and long-range goals for the 10-year strategic plan to end chronic homelessness. 	Lead HSSB Manager – Corinne Schneider Support: Chairs of the 10 yr plan process	July 2005 On-going effort

1b. Other Homeless Goals Chart

Goal: Other Homelessness “What”	Action Steps “How”	Responsible Person/Org “Who”	Target Dates “When” mo/yr
1) Homeless Prevention strategies	<ul style="list-style-type: none"> • Work with landlords to prevent evictions via conflict mediation – Legal Aid Referrals • Provide eviction prevention funding through Emergency Shelter Grants (ESG) • Utilize ESG/HOME funds for move-in deposits • Utilize DPSS funds to provide emergency shelter for Families –up to 4 months until permanent housing can be secured 	MSC Coordinator – Glen Bouscher	July 2005 Sept 05
2) Develop additional affordable housing opportunities for homeless persons	• Identify a provider to develop a family housing project to fill this gap in the CoC	HSSB, Corinne Schneider	May 2006
	• Establish protocol with the Redevelopment Agency to house homeless families in acquired properties at 30% rent to income ratio	HSC- Susan Price	May 2005
	• Develop partnership w/apt. owners to allow MSC to screen/place clients in open units while providing case management support for 6 month	Housing Coordinator Keith Blackwell	July 2005
3) Enhance collaborative	• Coordinate City Departmental resources to develop/implement homeless solutions citywide	HSSB Corinne Schneider	August 2006

Goal: Other Homelessness “What”	Action Steps “How”	Responsible Person/Org “Who”	Target Dates “When” mo/yr
resources and actions within the Interdepartmental Task Force on Homelessness	<ul style="list-style-type: none"> Ensure coordination and integration of the Consolidated Plan, Housing Action Plan, 10 year plan to end chronic homelessness 	HSSB Corinne Schneider	July 2005
	<ul style="list-style-type: none"> Provide data, information/resources to ensure that the task force is up to date with current status of service provisions, progress and gaps in service 	HSC Susan Price	August 2005
4) Develop ways to monitor outcomes through the HMIS system to assess renewal priorities and funding allocations	<ul style="list-style-type: none"> Encourage agencies to maximize HMIS software to assess progress, effectiveness of program services/outcomes Incorporate Continuum wide goals within the HMIS system to track agency progress with permanent housing placement Incorporate HMIS training of programmatic and fiscal contract monitoring staff to better assess agency performance measures 	HMIS Administrator – Dan Lucero and HSC Susan Price	July 2005
5) Increase number of annual Continuum wide trainings to increase agency efficiency and effectiveness	<ul style="list-style-type: none"> Trainings on Housing First Philosophy Standardize APR goals across the continuum Decrease average length of stay in shelters Increase permanent housing placement through housing coordinators at the MSC Streamline connection between street outreach, shelter and housing placement. Ensure Universal Standards of Care Annual MSC open house networking meetings Improving access to mainstream resources Ensure shelter system operates w/fewer vacancies Ensure client feedback is solicited at each program site to promote quality assurance 	HSC Susan Price and support staff	Dec 2005 March 2006

Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

Development and Implementation of Discharge Planning Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/ Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care		Yes		
Health Care				Yes
Mental Health				Yes
Correctional				Yes

Exhibit 1: Continuum of Care – Unexecuted Grants Chart

Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition

All 2003 Long Beach CoC grants have been executed

Exhibit 1: Continuum of Care Service Activity Chart

Fundamental Components in CoC System -- Service Activity Chart

Component: *Prevention*

Services in place:

Rental Assistance/Eviction Prevention

- City of Long Beach Department of Health and Human Services (DHHS) administers a prevention program that utilizes Emergency Shelter Grant funds that offer rental assistance for persons confronted with eviction and for persons' first and last month's rent.
- DHHS also utilized HOME funds to provide rental assistance subsidies for first and last month's rent to families, singles and chronically homeless to transition from shelters and the street into permanent housing.
- Beyond Shelter receives funds to work with agencies throughout Los Angeles County to provide rental assistance to persons facing evictions. The agency provides rental assistance subsidies for first and last month's rent to families enrolled in transitional housing and who have secured permanent housing.
- New Image provides rental assistance subsidies through HOPWA funds to assist persons living with HIV/AIDS from becoming homeless.
- Catholic Charities provide rental assistance to families to prevent eviction.
- Disabled Resource Center provides rental assistance and move in assistance to disabled homeless individuals to prevent eviction and assist in accessing permanent housing placement.

Legal Counsel

- Legal Aid Foundation is providing eviction prevention seminars and legal assistance to clients being unfairly evicted.

Utility Assistance

- New Image, Salvation Army, and the Housing Services Bureau provide subsidies for utilities as a means for sustaining livable conditions in permanent housing.

Prevention Classes

- Multi-Service Center (MSC) Collaborative Agencies administer a prevention component into the services by holding special classes for low and very-low income families and individuals to assist with budgeting, information access, case management, health programs and access to other mainstream programs.
- Mental Health Association, the MSC Housing First project, Neighborhood Resource Center and the Housing Authority all offer tenant training courses for clients currently housed or who will shortly be housed, about tenant rights and the responsibilities of being a good tenant.

Service Providers:

- Beyond Shelter
- Catholic Charities
- Disabled Resource Center
- Legal Aid Foundation

- Long Beach Department of Health and Human Services – Multi-Service Center and Center's For Families and Youth
- Long Beach Department of Community Development (Housing and Neighborhood Services Bureaus)
- Long Beach Housing Authority
- Long Beach Neighborhood Resource Center
- Mental Health Association
- New Image Emergency Shelter
- Salvation Army (MSC Collaborative Agency)
- Goodwill Industries (MSC Collaborative Agency)

Component: ***Outreach***

Outreach in place:

- On a monthly basis the street outreach network meets to coordinate outreach citywide and to ensure effective communication between the different providers to ensure comprehensive assistance to homeless living on the streets.

Outreach activities for homeless persons living on the streets

- Mental Health Association (MHA) provides nine street outreach workers citywide, specializing in assisting mentally ill adults, 24 hours a day, seven days a week. Many of the mentally ill are unaware of services, reluctant to use them or unable to negotiate the system without assistance. The outreach workers make consistent ongoing contact with the homeless, provide them with resource information, attempt to engage them to accept services/housing and use the Homeless Assistance Program drop-in center.
- Boys and Girls Town of America provides a part-time outreach team comprised of staff and youth volunteers. The outreach team looks for homeless youth in parks, the beach bluffs, under bridges and various other locations. The outreach teams develop rapport and trust with the youth and encourage the youth to visit service providers and begin receiving assistance.
- New Image Emergency Shelter employs an outreach worker that specializes in engaging homeless youth ages 13-24. The outreach worker works with other outreach team members to locate homeless youth in parks, malls, under freeway passes and other locations and assist the youth to reunify with family, enter into specialized shelters or become emancipated adults living in permanent and permanent supportive housing programs.
- The MSC multi-disciplinary outreach team is comprised of outreach case managers, public health nurses, substance abuse counselors and a mental health outreach worker from MHA. The MSC outreach team will be expanding this year by a specialized mental health outreach worker, full-time and a part-time psychologist. The outreach team currently provides outreach citywide for the general homeless population, but focuses on contacts with the chronically homeless. The outreach team goes where the homeless reside (parks, alleys, abandoned buildings, freeway underpasses, etc.). The team comes into contact with approximately 400 people per week. The team visits the MHA and MSC drop in centers, feeding programs and encampments on a weekly basis. The MSC outreach team works with the Downtown Long Beach Guides (Business Improvement District), Long Beach Police Department, Parks, Recreation and Marine, Public Works Department and Cal Trans to identify encampments and provide humanistic interventions and tangible resources to

clients living in the encampments. The outreach team also assists the Police and Downtown Guides in building skills to work with the homeless population on the streets. The outreach teams distribute sack lunches, clothes, blankets, resource kits and transportation tokens to the homeless. They attempt to engage them to use the MSC or MHA drop-in center for basic services with clients eventually accessing more intensive services.

- Public Health Nursing staffs are members of the outreach team to promote medical interventions while engaging the homeless. They provide public health education and basic first aid on the streets, while informing the homeless persons of the broader range of services healthcare and housing throughout the CoC system.
- The City of Long Beach Police Department currently operates four Mental Health Evaluation Team (M.E.T.) Programs. The teams are comprised of a county funded mental health worker and a beat police unit. The M.E.T. responds to calls where mental illness may be a factor. This service assists clients by providing appropriate medical care and treatment versus jail time and a cycle of jail with release back onto the streets. The M.E.T. works in conjunction with the City multidisciplinary outreach network to effectively link clients to services.
- Veteran Affairs Healthcare System (VAHS) and United States Veteran's Initiative (U.S. Vets) employ two outreach staff that work citywide to link homeless Veterans to specialized benefits and housing services. The team visits encampments, streets and other areas where the homeless congregate. They make consistent contact and inform them of housing and supportive services available to the homeless veteran. VAHS and U. S. Vets outreach workers participate in the outreach network as well.

Outreach activities for other homeless persons

- The MSC multi-disciplinary outreach team works citywide but spend additional time specifically in the downtown area in collaboration with local businesses to provide outreach to the general homeless population.
- The DHHS has two mobile medical clinics that travel to different areas of the City, concentrating on areas where individuals who abuse substances and homeless individuals congregate. Staff on the mobile clinics distributes the Pocket Guide -Resource Directory to individuals and families who are homeless and in need of services.
- Public Health Nursing staff is a member of the MSC outreach team to promote medical interventions while engaging the homeless. City staff from DHHS Public Health Nursing Division distributes information and Pocket Guide-Resource Directories to people at risk for homelessness. The Public Health nurses distribute the Resource Directory during home and clinical visits through the Tuberculosis Direct-Observation Program, Senior-Links Program and other home-visitation programs.
- The Centers for Families and Youth work with at risk families and families that are homeless. The in home case managers provide clients living in emergency shelters with Pocket Guide-Resource Directories and direct linkages to the MSC and other mainstream resources the families are eligible to receive.
- Pocket Guide-Resource Directories are distributed at each of the nine council district field offices by Council staff citywide, as well as, senior centers, libraries, city departments, police substations and neighborhood centers to connect persons with the needed services at the appropriate agency.
- MHA conducts outreach into the jails and engages the mentally ill homeless in services to prevent a discharge to homelessness.
- The MSC collaborative works with local hospitals and has developed a formalized MOU and

discharge protocol for homeless clients so they are not discharged directly to the streets. The local hospitals are provided with housing resource information and direct access to linkages for case management and housing first opportunities. The medical centers promote discharge to appropriate level of care, including board and care, extended care facilities etc.

- Veteran Affairs Healthcare System (VAHS) and United States Veteran's Initiative employ two outreach staff that work citywide to link homeless Veterans to services. The outreach team also visits shelters and service agencies to educate them on the available services at the VAHS and at the Villages at Cabrillo for veterans and their families.
- Service providers outreach to emergency and transitional shelters to present information to homeless persons to inform them of available resources and permanent housing options.
- The City maintains a website, which lists contact information for the Homeless Services Coordinator and information about the MSC and other homeless services and resources citywide.

Service Providers:

- Boys and Girls Town of America
- Downtown Long Beach Associates (DLBA) Business Improvement District
- Long Beach Department of Health and Human Services – Multi-Service Center
- Long Beach Department of Health and Human Services – Public Health Nursing
- Long Beach Department of Health and Human Services – Centers for Families and Youth
- City Departments – Police (M.E.T. Teams), Parks, Recreation and Marine, Public Works, Neighborhood Services Bureau, Housing Authority, libraries, City Council offices
- Cal Trans
- Mental Health Association
- New Image Emergency Shelter
- United States Veteran's Initiative
- Veteran Affairs Healthcare System

Component: ***Supportive Services***

Services in place:

Case management

- Within the City, almost 100% of service providers have some form of case management ranging from immediate planning and follow-up to long-range planning and follow-up. All of the transitional and permanent supportive service providers have long-term case management. Several of the emergency shelters provide short-term case management. Outpatient clinics, such as Atlantic Recovery Services, Beyond Shelter and drop-in centers, such as the MSC and MHA, provide case management for those who remain on the streets and those who are housed in shelters, while also providing six months of after care to clients entering into permanent housing to ensure client stability.
- Standards of Care (SoC) - The SoC acts as a guide to help case managers citywide and other direct service staff to coordinate service delivery systems in a manageable way for the client. The content of SoC covers many topics, including, but not limited to: client rights and responsibilities, intake and assessment techniques and procedures, case planning, and crisis intervention. It also delineates the process to help the case manager screen for eligibility of mainstream benefits. Citywide homeless service providers utilize the SoC.

- Individual Service Plan (ISP) – Citywide homeless service providers also utilize the ISP as a tool to help the client develop goals, objectives, specific steps and timelines for achieving each goal/objective identified during the assessment. The ISP assessment outlines specific steps to help the client achieve short, medium and long-range goals. For example, it may include obtaining transitional housing as a short-term goal and obtaining employment as a mid-range goal. It also assist agencies in determining client eligibility for mainstream resources, therefore, it is the main tool utilized by service providers to develop a connection between clients and mainstream resources.
- No wrong door policy – The City’s CoC system practices the “no wrong door policy.” The core philosophy to the “no wrong door” policy is that assessment and immediate needs of the person, which include food, housing, and clothing, are met irregardless of the program the client enters the system through. Once these resources are made available, it is the responsibility of the agency to either provide, or refer the homeless person to another entity that will provide them with the most appropriate level of care.
- Quality assurance (QA) – This is an internal monitoring system that the MSC, DHHS grant monitoring staff of the Human and Social Services Bureau, and many other service providers employ to self-monitor case management services. This is an accountability tool to help ensure that correct documentation is collected, information is completed accurately, appropriate services are provided, and clients are case managed in accordance with Standards of Care.
- Centralized filing system – Currently, the MSC and its 14 public-private agencies share a centralized filing system for all the homeless clients receiving assistance at the MSC. This allows for better coordination between case managers and avoids duplicative efforts. This system of sharing client information will make the transition to the HMIS system smooth for both agencies and clients.
- Ongoing training – DHHS provides ongoing training for service providers. The training topics include the SoC, treatment planning, chart documentation, resource development and crisis intervention. These training sessions are geared to instill best practices in the service CoC delivery system.
- The citywide Continuum of Care system is eager to enter data into the Homeless Management Information System (HMIS) beginning in August 2005. The HMIS will not only assist in standardizing case management services, but will allow for better tracking of services offered to clients, identifying gaps in the CoC system as well as tracking housing and service outcomes.

Life skills

- New Image provides life skills training as part of its transitional housing program. It includes parenting classes, budgeting assistance, permanent housing search and maintenance.
- Beyond Shelter provides life skills training in conjunction with the Housing First program, focusing on independent living skills.
- Goodwill provides employment assessment and preparation courses through the MSC collaborative, including resume development, interviewing skills development and job training opportunities to model/practice appropriate work habits for employment retention.
- Atlantic Recovery Services provides life skills training as part of their recovery curriculum, focused on sobriety and independent livings skills.
- 1736 Family Crisis Center provides life skills training for youth and victims of domestic violence residing in their transitional housing programs.
- Interval House provides life skills training for families that are victims of domestic violence

residing in their transitional housing program.

- United States Veterans Initiative provides life skills training for veterans residing at the Villages at Cabrillo in the transitional housing program.
- Additional life skills training is offered through the following agencies: (1) Baby Step Inn - Parenting classes; (2) Women to Women - Parenting classes; (3) Lutheran Social Services - Budgeting assistance; (4) DHHS Case Managers - Budgeting; and (5) MHA - Budgeting.

Alcohol and drug abuse treatment

- Substance Abuse Foundation (located at the MSC and scattered sites throughout the City) provides case management and other social services in conjunction with their transitional housing for substance abusers and dually diagnosed. Detoxification services are provided through collaborative agreements with Tarzana Treatment Center and Redgate Memorial Recovery Center.
- The Veteran Affairs Healthcare System (VAHS) provides medical detox programming to homeless veterans through their K-2 program at the Villages at Cabrillo.
- The VAHS and the United States Veteran's Initiative have partnered to run a 90-day medical rehabilitation program. After detox and the 90-day treatment program, veterans can move into the Villages at Cabrillo two-year transitional sober living program and eventually into permanent supportive housing.
- Tarzana Treatment Center has expanded to include rehabilitation services in conjunction with a 12-bed transitional housing recovery program for male and female youth, promoting sober living lifestyles.
- Atlantic Recovery Services provides alcohol and drug treatment services for adults and youth in conjunction with housing for substance abusers and dually diagnosed. They also operate outpatient services for substance abusers. Detox services are coordinated through collaborative agreements with facilities throughout Los Angeles County.
- The DHHS, Drug and Alcohol Rehabilitation Division provide outpatient programs for those affected by drug and alcohol abuse. Services include: (1) Alcohol Community Prevention and Recovery Program, which provides alcohol related counseling services in both English and Spanish to prevent and reduce alcohol problems among individuals and families; (2) Outpatient Drug Free Program, which provides outpatient treatment services to drug abusers and their families; and (3) Drug Diversion Programs.
- Women to Women and Baby Step Inn both offer residential substance abuse treatment to women, including those with children.
- Southern California Drug and Alcohol Program provides residential substance abuse treatment to women, including those with children. It also provides a court-referred transitional program for single men in recovery.
- Men's 12-Step Program offers residential substance abuse treatment to single men.
- South Bay Drug and Alcohol and Salvation Army offers residential substance abuse treatment to single men and women.
- Additional substance abuse treatment services are offered by agencies serving other targeted populations, regardless of housing status.

Mental health treatment

- MHA operates the Homeless Assistance Project, a drop-in day center and outreach programs for seriously mentally ill, dually diagnosed and multi-diagnosed homeless individuals. Additionally,

MHA operates AB34, a program funded through state legislation to demonstrate a comprehensive system of care for severely mentally ill individuals who are homeless, recently released from jail, at serious risk of incarceration, or at risk for becoming homeless. MHA has also started a program for emancipated youth diagnosed with mental health issues and exiting the foster care system.

- The Los Angeles County Department of Mental Health (DMH) partners with MHA to provide assistance to the mentally ill. The DMH primarily provides outpatient services based on a psychosocial rehabilitation model. DMH is one of the affiliate partners that offer services at the MSC. The County DMH also operates La Casa Urgent Care Center, which provides 8 beds for emergency services for mentally ill clients in need of crisis management and treatment.
- The Long Beach Veterans Affairs Healthcare System (VAHS) provides both inpatient and outpatient care to homeless mentally ill, dually diagnosed and multi-diagnosed homeless veterans in Long Beach.
- The City of Long Beach currently operates four Mental Evaluation Team (M.E.T.) programs, in which a mental health worker teams up with a police unit and responds to calls involving a mentally ill person. This service assists clients by providing appropriate medical care and treatment versus jail time and release back onto the streets.

HIV/AIDS-related treatment

- DHHS-Preventative Health Bureau has an Early Intervention Program, which provides HIV testing, prevention, education, treatment advocacy, case management and medical services. This program also operates two mobile health vans that outreach to homeless living on the streets and in shelters.
- St. Mary Medical Center is an outpatient medical, dental and social service agency. The C.A.R.E. (Comprehensive AIDS Resources and Education) Program provides comprehensive services for people living with HIV/AIDS.
- Long Beach Comprehensive Health Center has an HIV/AIDS component, referred to as the Tom Kay Clinic, which provides medical and psychosocial case management services. This clinic is coordinated with the County of Los Angeles, Harbor UCLA Medical Center located in Torrance.
- Wells House Hospice Foundation provides hospice care for terminally ill homeless people, including HIV/AIDS patients.

Education

- New Image staff facilitates referrals for youth to complete General Education Diploma (GED) requirements.
- U.S. Veterans Initiative works with Long Beach Community College at the Villages at Cabrillo to provide general education courses, GED preparation classes and Associates Degrees, for all homeless clients.
- Bethune School, located at the Villages of Cabrillo, provides primary and secondary grade education to children of homeless families in Long Beach. This school, operated by the Long Beach Unified School District, provides specialized educational assessments and reintegration to mainstream schools once the family stabilizes into permanent housing.

Employment assistance

- The City of Long Beach Career Transition Center (CTC) offers job training and employment search assistance through local service providers.
- The City of Long Beach Job Corps facility provides an opportunity for homeless and low-income youth to participate in a long-term job training and housing program to prepare them for self-

sufficiency.

- Goodwill Industries conducts instructional seminars for MSC clients entering the work force. These courses focus on self-presentation, attitude and decision-making, interviewing skills, employee etiquette, employment retention and resume building.
- The Villages at Cabrillo works in conjunction with Long Beach City College to offer job training and computer training. The Villages at Cabrillo programs are open to all residents at the Villages, MSC clients and the general Long Beach population. The Villages at Cabrillo offers programs through CalWorks and General Relief, which is a collaborative effort with Department of Public Social Services.
- The CTC is housing a part-time job developer at the Villages at Cabrillo. The staff members ensure clients are knowledgeable about services offered at the job-training center and can easily sign up for needed services.
- Atlantic Recovery Services added job readiness for its residents in the transitional and permanent housing projects.

Child care

- Children Today's "The Play House" provide 35 licensed day care (infant through kindergarten) slots at the MSC. This program provides parents with a safe place for their children to remain during operating hours, allowing parents to make basic arrangements for housing, keep appointments to establish and maintain public benefits, and attend job interviews and other essential activities. This program provides flexible hours, enrollment and programming to suit the special needs of homeless families.
- Comprehensive Child Development provides a licensed day care center at the Villages at Cabrillo for 80 homeless children. This program provides infant through kindergarten slots for families at the Villages at Cabrillo and MSC clients transitioning from the streets into emergency and transitional housing programs.
- The Long Beach Unified School District (LBUSD) operates nine subsidized Child Development Centers throughout Long Beach for low income and homeless children. LBUSD also provides Head Start programs to all children, including homeless children in need of assistance before they enter school.
- Long Beach Day Nursery operates subsidized Child Development Centers throughout Long Beach for very low and low-income (which includes homeless children) citywide.

Transportation

- The MSC's van shuttle service assists clients with door-to-door shuttle service to facilitate medical appointments, job interviews, and housing placement. It also transports homeless persons to access services at the MSC or other local social service agencies by referral from the outreach network.
- DHHS receives transportation assistance from FAME for 50 taxi vouchers and 200 bus tokens monthly, to supplement existing transportation resources of the MSC collaborative agencies.
- MHA has a van shuttle, which facilitates service connection for the chronically homeless clients of the MHA drop in center. This van is also accessible to the outreach network.
- IURD will provide van shuttle service between the MSC and the 59-bed year around shelter, which is anticipated to open in August 2005.
- Long Beach Transit provides bus service into the Villages at Cabrillo to allow for easy access for residents and students at the facility.

- The Villages at Cabrillo provides van shuttle service for residents to assist them in accessing services at the MSC, the VAHS and other community resources.
- The Metropolitan Transportation Authority (MTA) operates a light rail system throughout Los Angeles County including Long Beach.
- Homeless persons can obtain bus tokens from a variety of social service agencies that receive transportation funding through the City's Social Services Grant Program, FAME, and the County Emergency Food and Shelter Program.

Other – Medical care

- The Long Beach Memorial Miller Children's Clinic, Children's Dental Clinic and the DHHS provide low cost and free medical and dental services for homeless children.
- The DHHS provides public health services at low or no cost for all Long Beach residents, including the homeless. The following medical programs are available at the DHHS: Well Children Clinics, Immunization Programs, Tuberculosis Clinic, HIV/AIDS testing and treatment, sexually transmitted disease testing and treatment, prenatal care, family planning services, and communicable disease control.
- Public Health Nursing provides on-site screening, education and basic treatment services at the MSC for adults and children. MSC clients who need more intensive medical care are prescreened on-site at the MSC then referrals are facilitated to the appropriate local medical facilities.
- Primary medical physician from the DHHS is now available one day per week to augment the adult medical care provided by the Children's Clinic, which services both adults and children.
- Public Health Nursing coordinates the Mobile Health Clinic service monthly at the MSC, which provides screening for STD's, HIV, public health education and referrals.
- Through a grant from Homeless Healthcare, The Children's Clinic provides pediatric and adult care for homeless children and their families three days a week at the MSC.
- MHA provides triage-nursing assessments for homeless mentally ill clients at the day drop in center. When appropriate, the nurse facilitates referrals for additional medical services.
- Long Beach Comprehensive Health Center provides County-funded medical care for indigent clients.
- Westside Neighborhood Clinic provides primary health care to homeless persons.
- Case managers from all MSC collaborative agencies work with families to complete the necessary paperwork to receive state and federal medical benefits assistance.
- Westside Medical Clinic provides free primary health care services to homeless clients referred from the MSC and other agencies citywide.

Service Providers:

- 1736 Family Crisis Center
- Atlantic Recovery Services
- Baby Step Inn
- Beyond Shelter
- Disabled Resources Center
- Catholic Charities
- Changing Spirits
- Children Today
- City of Long Beach Career Transition Center

- City of Long Beach Job Corps
- Comprehensive Child Development Center
- Goodwill Industries
- Interval House
- Institute for Urban Research and Development
- Long Beach Comprehensive Health Center Long Beach Day Nursery
- Long Beach Department of Health and Human Service – Multi-Service Center
- Long Beach Department of Health and Human Services – Public Health Nursing
- Long Beach Department of Health and Human Services – Drug and Alcohol Division
- Long Beach Memorial Miller Children’s Clinic
- Long Beach Memorial Children’s Dental Clinic
- Long Beach Unified School District
- Lutheran Social Services
- Men’s 12-Step Program
- Mental Health Association
- New Image Emergency Shelter
- Salvation Army
- Su Casa Family Crisis Center
- Southern California Drug and Alcohol Program
- South Bay Alcoholism
- St. Mary Medical Center
- Substance Abuse Foundation
- Tarzana Treatment Center
- United States Veterans Initiative
- Wells House Hospice Foundation
- Westside Clinic
- National Council on Alcoholism - Women to Women

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart

EMERGENCY SHELTER

Provider Name	Facility Name	HMIS			Target Pop		2005 Year-Round Units/Beds				2005 Other Bed		
		Part Code	# of Year-Round Beds	Geo Code	A	B	Family Units	Family Beds	Individual	Total Year Round Beds	Seasonal	Overflow/W/ Voucher	
Current Inventory			Ind.	Fam.									
1736 Family Crisis Center	LB Shelter	N			062088	FC	DV		10		10		
Boys & Girls Town of America	Boys & Girls Town	N			062088	YMF			16		16		
Catholic Charities	Elizabeth Ann Seton Res.	N			062088	FC		11	44		44		85
Dept. of Hlth & Human Svcs.	DHHS - MSC	N			062088	M							74
His Nesting Place	His Nesting Place	Z			062088	FC		2	22		22		
Long Beach Rescue Mission	Lydia House	Z			062088	FC		1	33		33		
Long Beach Rescue Mission	Samaritan House	Z			062088	SM			120		120		
Mental Health Association	MHA	N			062088	SMF							210
New Image	HOPWA	N			062088	M	AIDS						225
New Image	EFSP	N			062088	FC							158
New Image	Naval Reuse	N			062088	M							16
LA County Winter Shltr Prog.	New Image	N			062088	SMF FC						200	98
Substance Abuse Foundation	SAF	N			062088	SM			92		92		92
Southern CA Alcohol & Drug	Baby Step Inn	N			062088	FC			24		24		
Su Casa	Su Casa	N			062088	FC	DV	5	22		22		
Women Shelter	Womenshelter	N			062088	M	DV		23	7	30		
	TOTALS					TOTALS		19	178	235	413	200	958
Under Development	Anticipated Occupancy Date												
Institute for Urban Research	Project Achieve	August, 2005			062088	SMF				59	59		
						TOTALS				59	59		
Unmet Need						TOTALS			194	194	388		

1. Total Year-Round Individual ES Beds	235	4. Total Year-Round Family ES Beds	178
2. Year-Round Individual ES Beds in HMIS	0	5. Family ES Beds in HMIS	0
3. HMIS Coverage Individual ES Beds	0	6. HMIS Coverage Family ES Beds	0%
(Divide line 2 by line 1 and multiply by 100. Round whole number.)		(Divide line 5 by line 4 and multiply by 100. Round to whole number.)	

Exhibit 1: Continuum of Care Housing Activity Charts
Fundamental Components in CoC System - Housing Activity Chart
TRANSITIONAL HOUSING

Provider Name	Facility Name	HMIS			Geo Code	Target Pop		2005 Year-Round Units/Beds			
		Part Code	# of Year-Round Beds			A	B	Family Units	Family Beds	Individual Beds	Total Year Round Beds
Current Inventory			Ind	Fam							
1736 Family Crisis Ctr	1736 Family Crisis Ctr	N			062088	FC	DV	24	54		54
Atlantic Recovery Services	North	N			062088	YMF				16	16
Atlantic Recovery Services	East	N			062088	SF				12	12
Amends Center	Amends Ceter	Z			062088	SM	Vets			30	30
Changing Spirits	Changing Spirits	N			062088	SM				18	18
Christian Outreach in Action	Men's Program	N			062088	SM				6	6
Christian Outreach in Action	Women with Children	N			062088	FC		12	40		40
Flossie Lewis	Transitional Living Prog	N			062088	SF				12	12
Flossie Lewis	New Life House	N			062088	FC		1	6		6
Interval House	Trasitional Housing	N			062088	FC	DV	6	36		36
Men's 12th Sept House	Men's 12th Step House	Z			062088	SM				45	45
New Image Emergency Shelter	Project Stepping Stone II	N			062088	FC		12	46		46
New Image Emergency Shelter	Project Stepping Stone I	N			062088	FC		4	6		6
New Life Beginnings	Life Beginnings Maternity	Z			062088	M		1	14	6	20
Project New Hope	Padua House Transitional Hsng	Z			062088	SM	AIDS			11	11
Redgate Memorial Recovery Ctr	Redgate Memorial Recovery	Z			062088	SMF				43	43
Salvation Army	Adult Rehabilitation Center	N			062088	SM				92	92
Salvation Army	Beach Haven Lodge	N			062088	SM				40	40
Salvation Army	Transitional Living Ctr	N			062088	FC		28	75		75
Santa Maria House	Santa Maria House	Z			062088	SM	AIDS			12	12
Southern CA Alcohol & Drug	Long Beach Residential	N			062088	SM				7	7
Su Casa	Su Casa	N			062088	M	DV	4	18	6	24
Substance Abuse Foundation	Sobriety House	N			062088	M		1	32	100	132
Tarzana Treatment Program	Transitional Program	Z			062088	FC		1	86		86
United States Veterans Initiative	ADVANCE	N			062088	SF	Vet			35	35
United States Veterans Initiative	VIP	N			062088	SM	Vet			48	48
United States Veterans Initiative	Transitional Housing	N			062088	SMF	Vet			185	185
Veterans Affairs Hlthcare System	Veterans in Recovery	N			062088	SMF	Vet			35	35

Fundamental Components in CoC System - Housing Activity Chart

TRANSITIONAL HOUSING Continued

Provider Name	Facility Name	HMIS		Geo Code	Target Pop		2005 Year-Round Units/Beds			
		Part Code	# of Year-Round Beds		A	B	Family Units	Family Beds	Individual Beds	Total Year Round Beds
	TOTALS				TOTALS		94	413	759	1172
Under Development										
Anticipated Occupancy Date										
N/A	N/A									
					TOTALS					

Unmet Need	TOTALS		412	413	825
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1. Total Year-Round Individual TH Beds	759	4. Total Year-Round Family TH Beds	413
2. Year-Round Individual TH Beds in HMIS	0%	5. Family TH Beds in HMIS	0
3. HMIS Coverage Individual TH Beds	0%	6. HMIS Coverage Family TH Beds	0 %
(Divide line 2 by line 1 and multiply by 100. Round whole number.)		(Divide line 5 by line 4 and multiply by 100. Round to whole number.)	

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart											
PERMANENT SUPPORTIVE HOUSING											
Provider Name	Facility Name	HMIS		Geo Code	Target Pop		2005 Year-Round Units/Beds				
			# of Year-Round Beds		A	B	Family Units	Family Beds	Individual CH Beds	Total Year Round Beds	
Current Inventory			Ind	Fam							
Atlantic Recovery Services	Permanent Housing	N			062088	SM				16/ch10	16
Atlantic Recovery Services	Permanent Housing	N			062088	SMF				12/ch6	12
Being Alive	Forester House Apts	Z			062088	SMF	AIDS			6/ch6	6
Being Alive	Founders Hall	Z			062088	SMF	AIDS			10/ch10	10
Mental Health Assn.	Homeless Assistance(S+C)	N			062088	SMF				37/ch30	37
Mental Health Assn.	Project Safe Haven	N			062088	SMF				25/ch25	25
United State Veterans Initiative	Cabrillo Plaza Perm Hsng	N			062088	SMF	Vets			135/ch84	135
United State Veterans Initiative	Shelter + Care Hsng	N			062088	SMF	Vets			32/ch16	32
United State Veterans Initiative	Permanent Housing	N			062088	SMF	Vets			34/ch17	34
LB Housing Authority	Section 8 Vouchers	N			062088	FC		30	75		75
	TOTALS					TOTALS		30	75	307/ch204	382
Under Development	Anticipated Occupancy Date										
Mental Health Assn.	24 units	Sep-06		062088	SMF						
					TOTALS					24/ch24	24
Unmet need					TOTALS			213	214/ch785	1212	
1. Total Year-Round Individual PSH Beds				307		4. Total Year-Round Family PSH Beds 75					
2. Year-Round Individual PSH Beds in HMIS				0		5. Family PSH Beds in HMIS 0					
3. HMIS Coverage Individual PSH Beds				0%		6. HMIS Coverage Family PSH Beds 0 %					
(Divide line 2 by line 1 and multiply by 100. Round whole number.						(Divide line 5 by line 4 and multiply by 100. Round to whole number.)					

Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoCs that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative? ☒ Yes ☐ No

Have you notified CoC members of this initiative? ☒ Yes ☐ No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 90%

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	410 (N)	721 (N)	1,327 (S)	2,458 (N)
2. Homeless Families with Children	47 (S)	110 (S)	456 (S)	613 (N)
2a. Persons in Homeless Families with Children	162 (N)	377 (N)	1,478 (N)	2,017 (N)
Total (lines 1 + 2a only)	572	1,098	2,805	4,475 (N)
Part 2: Homeless Subpopulations **	Sheltered		Unsheltered	Total
1. Chronically Homeless	271 (S)		785 (S)	1,056 (N)
2. Severely Mentally Ill	133 (S)		689 (S)	822 (S)
3. Chronic Substance Abuse	693 (S)		606 (S)	1,299 (S)
4. Veterans	170 (S)		202 (S)	372 (S)
5. Persons with HIV/AIDS	43 (S)		60 (S)	103 (S)
6. Victims of Domestic Violence	341 (S)		312 (S)	653 (S)
7. Youth (Under 18 years of age)	19 (S)		151 (S)	170 (S)

*Optional for Unsheltered

**Data for the subpopulations chart was determined from percentages derived from the 2004 Comprehensive Homeless Assessment, which surveyed 25% of the homeless population.

Exhibit 1: Continuum of Care Information Collection Methods Instructions

1.a Housing Activity Chart.

The point in time street and service based count was conducted on Thursday, January 27, 2005. A steering committee of volunteers, comprised of homeless, formerly homeless clients, city staff, faith based organizations (FBO), community based organizations (CBO) and community residents was developed to ensure that all components of the count process were conducted in a systematic manner, for both the street based teams and the shelter bed survey instruments. The shelter surveys were completed using a city survey tool, which was mailed and faxed to each agency prior to the count day. The steering committee held several community-training sessions for both FBO and CBO to train staff on how to accurately and completely fill out the street and shelter based survey tool. On the day of the count a team of the steering committee members followed up via phone to verify the information received earlier from the city shelter survey tool to ensure the shelter bed information given on the day of the count was accurate and the shelter component of the count had obtained 100% response rate.

The 2004 Housing Activity Chart was used as a point of reference to ensure all service providers and programs under development were included in the 2005 count. All residential programs were identified as one of the following housing types: emergency shelter, transitional housing or permanent supportive housing. The number of beds, the population served and the number of beds filled the day of the count was captured for each program. The current inventory of beds in 2005 Housing Activity Chart was developed as a result of this process. The CoC funding approved for 2004 was also utilized to determine accuracy of the bed count and ensure all new programs under development were included the 2005 fundamental components chart. All information gathered for the point in time count on January 27, 2005 was utilized to complete the Housing Activity Chart and the Fundamental Components Chart for 2005.

The City of Long Beach CoC defines emergency shelter as any project whose primary purpose is to provide temporary shelter for the homeless individuals and/or families or for specific sub-populations of homeless with an average length of stay of less than 90 days. Emergency shelters may have numerous supportive services on-site or may provide referral for offsite services. The provision of supportive services is optional and program participants are not mandated to access services as a condition of shelter. Emergency beds are usually provided in one structure, with emergency shelters scattered throughout the City.

Transitional Housing is defined as a project that facilitates the movement of homeless individuals and/or families to permanent housing within 24 months. This temporary housing is combined with intensive supportive services, which enable homeless individuals and/or families to develop the skills necessary to transition into permanent independent living situations. Supportive services may be provided by the organization managing the housing or coordinated by that organization and provided by other public, private or faith based agencies. Transitional housing is provided in one structure, several structures at one site or multiple structures at scattered sites throughout the City.

2.a Unmet Housing Needs.

The unmet housing needs were established by taking a 100% of current inventory and under development numbers are added together for all shelter types (emergency - 472, transitional – 1,172 and permanent supportive housing 406) there are a total of 2,050 units of housing within the Long Beach CoC system.. The total bed count for individuals is 1,384 with an additional 200

beds coming on line from December to March to increase the capacity during the cold winter months. The total bed count for families is 666. The CoC system has 958 bed nights of overflow/vouchers, which equates to approximately 2.5 beds per year. With an overall point in time homeless population of 4,475 individuals and family members and a total bed capacity of 2,050, the Long Beach CoC system has an unmet need of 2,425 beds.

The unmet need for housing in the Long Beach CoC system is calculated on the need for an additional 2,425 beds to house the number of individuals and families that were identified in the 2005 point in time count.

The annual homeless choice survey was administered to 34% of the population (1,040 persons). The survey found that 16% of clients requested emergency shelter, 34% requested transitional shelter and 50% requested permanent housing placement. These percentages were then applied to the 2,425 unmet need number to determine the unmet need by housing type. Due to the need for housing for both individuals and families being critical the unmet need total was split 50/50 except in the case of chronically homeless individuals need for permanent housing. 65% of the unmet need for permanent housing was set aside for chronically homeless. The remaining 35% of permanent housing was split 50/50 between individuals and families. The following is a breakdown of unmet need per shelter type based on the voice your choice survey findings:

- Emergency Shelter – 16% of the unmet need equals the need for 388 additional beds. 194 for families and 194 for individuals.
- Transitional Shelter – 34% of the unmet need equals 825 additional beds. 412 for families and 413 for individuals.
- Permanent Supportive Housing – 50% of the unmet need equals 1,212 additional housing units. 65% (785) of the units were designated for chronically homeless. The remaining 35% (427) was split 50/50 between families (213) and individuals (214).

3. Part 1 and 2 Homeless Population and Subpopulations Chart.

a) Long Beach's sheltered portion of Part 1 was based on the service and street based count conducted on January 27, 2005. Part 2 information for the total client sub-population sheltered and unsheltered numbers were based on the January 27th count. The Part 2 section on sub-populations was based on information gathered from the 2004 in-depth homeless assessment survey tool, which surveyed 25% of the sheltered and unsheltered population.

The same methodology used for the 2003 point in time, street and service based count was applied to the 2005 count and utilized a tracking log to ensure non-duplication of clients counted on the streets and in shelters. Over 300 volunteers participated on the day of the count. The city was divided into 47 count areas by map. Volunteers were organized in teams and provided with specific mapped areas to perform the street count.

The tracking log sheets were utilized to obtain an unduplicated count by developing a unique identifier for each homeless person counted on the street and in shelters. The tracking log captured: the first initial of the first name, first initial of the last name, gender, ethnicity, year born and state born for each individual encountered. The unique identifier was then entered into a database. The unique identifier was utilized to eliminate duplicates and produce an unduplicated count. If a person's unique identifier appeared twice, once on the street and once in

a residential facility—that person was deleted for the “on the street” count and included in the sheltered population.

The unduplicated numbers were then utilized to determine the total number of homeless citywide. The sheltered section of the Population and Sub-Population Chart was calculated based on the shelter survey, which provided an occupancy rate of between 91% to 95% at the time of the count.

The Long Beach CoC conducts annual shelter inventory surveys to ensure that each year, the CoC Housing Activity chart is as comprehensive and up to date as possible.

b) The unsheltered numbers for emergency shelter, transitional housing and permanent supportive housing for the homeless was determined by using the 4,475 total homeless population figures from the street and service-based enumeration on January 27, 2005. The total homeless population is a combination of 2,458 individuals and 2,017 people within families that were identified during the point in time count. The people in families with children constituted 613 family units, averaging 3.4 persons per household. The total unsheltered for both families and individuals on the day of the count was 2,805. The 2,805 was calculated without the two new projects under development. For both Part 1 and Part 2, the sheltered population individuals/families was subtracted from the total number of unduplicated individuals/families to arrive at the total unsheltered population.

The Long Beach CoC does not conduct an annual unsheltered count. The street count will be conducted biannually, as required by the Department of Housing and Urban Development. The same methodology used in the March 12, 2003 and January 27, 2005 street count will be utilized for the January 2007 street count. Additionally, by January 2007, the Long Beach CoC will have the benefit of more than a year of HMIS client data entered in the system, which will generate an unduplicated count for the year.

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

This section should be completed in conjunction with the lead agency/organization responsible for HMIS implementation. Note: all information requested in questions 1 through 3 should apply only to the Continuum of Care as defined in Exhibit One, even if your CoC is part of a multi-CoC implementation.

<p>For questions 1, 2 and 3, please provide information related to the CoC as defined in Exhibit One only, even if the CoC is part of a multi-CoC HMIS implementation</p>
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1. HMIS implementation:

a. Phases of HMIS Implementation

Planning Start Date (mm/yyyy):

September 2003

If not yet planning, please select a reason:

- ☐ New CoC in 2005
- ☐ Lack of funding for planning
- ☐ Other _____

Data Collection Start Date:

July, 2005

Date the CoC achieved or anticipates achieving 75% bed coverage in: August 2005

	Date Achieved	Date Anticipated
Emergency Shelter		August 2005
Transitional Housing		August 2005
Permanent Supportive Housing (McKinney-Vento funded units)		August 2005
	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS		
Other non-housing programs participating in HMIS		

b. Describe in a brief narrative the progress of the HMIS implementation since July 2004, including the engagement and participation of special populations such as domestic violence providers.

The City of Long Beach Department of Health and Human Services (DHHS) has actively participated in the multi-CoC implementation of a Los Angeles/Orange County regional Homeless Management Information System (HMIS). This collaborative was formed in 2002 to set the platform for a comprehensive HMIS implementation strategy. The DHHS is one of the member jurisdictions that participate in the Los Angeles/Orange County Collaborative (LA/OC), guided by the HMIS Steering Committee. The other jurisdictions that comprise the steering committee are: Los Angeles Homeless Services Authority (LAHSA – Los Angeles City and County), Glendale CoC, Pasadena CoC, City of Pomona, City of Santa Monica, Orange County, Los Angeles InfoLine and Orange County InfoLink.

In January of 2004, the five LA/OC Collaborative CoC jurisdictions selected a provider through a competitive bid process and contracted with The Rensselaerville Institute, Inc. (TRI), located in Rensselaerville, New York. The TRI contract is to provide the project management and HMIS software product for the Los Angeles/Orange County region. The DHHS executed a final contract with TRI in June of 2004, although Long Beach agencies and DHHS participation began after final selection of this

vendor in February 2004. Each collaborative jurisdiction has an individual contract with TRI and a common foundation as outlined in a LA/OC Memorandum of Understanding (MOU) dated April 20, 2004. The LA/OC's stated objectives in the MOU are to implement a regional HMIS that would: a) facilitate the coordination and planning for homeless services in Los Angeles and Orange County; b) facilitate the delivery of housing and services to homeless persons; and c) provide an instrument to evaluate the effectiveness of the homeless delivery system in moving people from homelessness to stability in permanent housing.

The engagement and participation of agencies (including special populations such as veterans, victims of domestic violence, individuals with mental illnesses, disabled individuals, persons with HIV/AIDS, and chronic substance abusers) remains key to the implementation of an HMIS for the City of Long Beach's Continuum of Care system (LB CoC). In June and July of 2004, the US Veterans Initiative, Mental Health Association, Substance Abuse Foundation and Atlantic Recovery Services along with other agencies attended vendor facilitated meetings. The first component of the DHHS's HMIS implementation was the configuration of the HMIS, which involved the full participation of agencies in a process of review, feedback and changes to the system that reflect local requirements. The second component was to provide outcome management training through a two-day immersion course on the vendor's Outcomes Management philosophy. Agencies benefited from the outcomes training by refining existing knowledge of how to accomplish the transition from homelessness to permanent housing by utilizing outcomes that are based on measurable milestones. Each individual agency funded by the CoC met with DHHS Homeless Services Division staff to ensure the establishment of milestones and outcomes that were aligned with those of the broader LB CoC system and in line with Annual Progress Report goals submitted to HUD for each project. The completion of the system configuration and agency outcomes training in June of 2004 marked a major milestone for the LB CoC system, as agencies and the DHHS were ready to begin training end users on the use of the HMIS.

These meetings generated a large interest in the progress of HMIS within the LB CoC system. The vendor, TRI, DHHS Homeless Services Division staff and LB CoC agencies worked toward a pilot implementation go-live date for July of 2004. However, due to unanticipated conflicts between TRI and their sub-contractor CTK, Inc, a third-party software consultant, the collaborative was forced to readjust the stated timeline to facilitate TRI's transition to contracting with a new third-party software consultant. In mid-July of 2004, TRI informed the LA/OC Collaborative of a third-party software subcontractor change to Adsytech, Inc. The LA/OC Collaborative, with each jurisdiction in individual contracts with TRI, voted to remain invested with TRI, but to hold the company more accountable for oversight of their third party subcontractors.

In August of 2004, the LA/OC provided written communication to TRI regarding concerns about insufficient project management, a need for improved vendor communication and stated demands for an immediate resolution of ongoing, existing system performance issues. The vendor agreed to remedy immediate project management concerns by shifting existing resources to address communication issues. TRI agreed to host weekly project management conference calls with the system administrators from each CoC jurisdiction and the sub-contract software consultant. There was a strong sense of forward momentum gained during this time, thus the LA/OC Collaborative implementation of a regional HMIS with TRI continued.

Although the switch from CTK to Adsytech meant the software design would need to be reconfigured and cause delay's in going live, TRI provided assurances to the LA/OC Collaborative that the new

software consultant would provide a more effective system platform than previously experienced with CTK. TRI reassured LA/OC that the upgraded system technology would ensure the inclusion of all of the original Request for Proposal requirements, in addition to providing more flexibility, user friendliness and functional reporting capabilities.

In September of 2004, the Long Beach CoC, along with other member jurisdictions expressed reservations about proceeding with TRI, based on the vendor's continued inability to meet stated objectives, a significantly delayed timeline with several missed "go-live" dates. During the TRI weekly progress update meetings, key topics of discussion included: the TRI's progress on system upgrades, the transition of completed agency system configuration requests, system change requests, and timelines for the expected completion of project deliverables. The LA/OC Collaborative and TRI also conducted weekly System Administrators meetings and monthly HMIS Steering Committee meetings in order to provide the TRI with the support and direction required to implement a fully functional HMIS.

A system upgrade plan was presented by TRI to the HMIS Steering Committee in early September of 2004, and it was anticipated that training of System Administrators in the upgraded system would be nearing completion and agency user training would begin by early October of 2004, with a phase one go-live date of mid October 2004 for the Long Beach Continuum.

TRI did not meet the deadline of an October 2004 go-live date due to TRI's continued lack of project management. The LA/OC collaborative communicated concerns in writing to TRI in August 2004, October 2004 and January 2005. The ongoing cycle of review, change request submissions and system upgrade demonstrations continued through January 2005, with no progress toward meeting the next revised go-live date of February 2005. It was at this point that the LA/OC collaborative again communicated in writing concerns about the continued lack of progress to TRI. The Long Beach CoC began discussions with the LA/OC collaborative partners about reviewing alternate HMIS vendors with proven products.

In March of 2005, the Long Beach CoC, not in conjunction with the LA/OC Collaborative, began to interview established HMIS vendors with existing products that were approved by HUD. The first step in this process was to obtain a list of potential vendors from HUD's technical assistance website. Potential vendors answered a series of questions used to determine their current capabilities, readiness and anticipated timeline for the implementation of an HMIS for the Long Beach CoC system. Two out of three vendors met the following initial baseline requirements:

- 1) Proven HMIS implementation that generated an unduplicated count for the vendors existing customer base.
- 2) Two or more years in business as an established HMIS vendor.
- 3) Ability to implement a functioning HMIS for the Long Beach CoC system in order to achieve the mandated HUD data elements released in the July 30, 2004 in the Federal Register.
- 4) Present a system that is user-friendly and that would minimize training time.
- 5) Have a sound technological base that provided flexibility for inclusion of local requirements.

The Long Beach CoC selected Softscape, Inc. for further consideration, which was the only vendor that met the above requirements in addition to being one of the vendors that originally responded to the LA/OC's Collaborate Request for Proposal in September of 2003.

In May of 2005, the Long Beach CoC provided TRI with a 5-day notification to sever the existing

contractual relationship based on unmet deliverables, missed timelines and failure to produce a system capable of generating an APR. TRI responded to the notification by requesting an opportunity to conduct a demonstration of the HMIS product, fully operational, to the LB CoC Homeless Services Staff and two agency partners in mid June 2005. The Long Beach CoC agreed and has invited the agency participants who have participated in a demonstration of the Softscape product on April 13, 2005, for product comparison. If TRI cannot deliver the final product on this date, the Long Beach CoC will sever its contractual relationship with TRI and will pull out of the LA/OC Collaborative. The Long Beach CoC will then establish a contractual relationship with Softscape. The Long Beach CoC will continue to share aggregate HMIS data with the LA/OC Collaborative to ensure regional data is representative in whole.

The Long Beach CoC continues to build on policies and procedures developed over the course of the last year through the LA/OC Collaborative process to ensure consistency with HUD guidelines and mandates. The policy and procedure document is an important part of the planning that has occurred during the past year. The LA/OC members met on numerous occasions throughout the year to construct a comprehensive document based on best practices from other jurisdictions. The policies and procedures will reference the guiding principles for agencies within the LB CoC HMIS to communicate consistent: standards of practice, data sharing, confidentiality, security, ethical responsibility of end users, and the role of administrative staff who will be responsible for the monitoring and reporting of data entered into the HMIS. Every user who will access the system will sign a statement that they have read and been provided with a copy of this manual for their reference prior to receiving training on the LB CoC's HMIS.

LB CoC Homeless Services staff have gained valuable knowledge and insight into the requirements of a functional HMIS during the period July 2004 through June 2005. A comprehensive review of the HUD Data and Technical Standards document, the involvement of agencies in the planning and implementation of an HMIS, and the level of practical project management experience gained from managing the HMIS project will improve the CoC ability to more effectively address HUD's mandate.

c. Describe any challenges and/or barriers the CoC have experienced implementing the HMIS since July 2004.

The LB CoC HMIS has experienced multiple challenges within the implementation of HMIS during the operating year July 2004 through June 2005. As stated above, the LA/OC Collaborative selected The Rensselaerville Institute (TRI) in January of 2004 as the HMIS provider for each of the five participating Continuum of Care jurisdictions. Some significant challenges initially presented as a lack of project management on the part of TRI. TRI did not clearly communicate to the LA/OC that there were substantial issues surrounding their initial software subcontractor's ability to manage a required upgrade. Once TRI addressed the issue, it was apparent that a change in software subcontractors would be required. The LA/OC met in August 2004 to discuss options, and decided to remain invested with TRI during the transition to their planned system upgrade using a different third party subcontractor.

In August of 2004, the LA/OC provided written communication to TRI, regarding concerns about insufficient project management, a need for improved vendor communication and stated demands for an immediate resolution of ongoing, existing system performance issues. At this time there remained a commitment of the LA/OC Collaborative to move forward with the implementation of the HMIS with TRI due to the amount of time invested in the project to date.

In September of 2004, the Long Beach CoC, along with other member jurisdictions expressed continued reservations about proceeding with TRI, based on the vendor's inability to meet stated objectives, and significantly delayed timelines with several missed "go-live" dates. A system upgrade plan was presented by TRI to the HMIS Steering Committee in early September of 2004, and it was anticipated that training of System Administrators in the upgraded system would be nearing completion and agency user training would begin by early October of 2004, with phase one go-live date of mid October 2004.

Once again, TRI did not meet the deadline of an October 2004 go-live due date. The LA/OC collaborative communicated concerns in writing to the TRI in August 2004, October 2004 and January 2005. Unfortunately, TRI continued to miss deadlines and request extensions. The ongoing cycle of review, change request submissions and system upgrade demonstrations continued through January 2005, with no progress toward meeting the next revised go-live date of February 2005, which once again TRI was unable to achieve.

To date TRI has missed all of the Long Beach CoC scheduled go live dates of July 2004, October 2004, and February 2005. The Long Beach CoC continued to express concerns to the LA/OC Collaborative. In January 2005, the LA/OC Collaborative made the decision to preview alternate HMIS vendors including, but not limited to those who met the original request for proposal threshold requirements.

In March of 2005, the Long Beach CoC began to interview established HMIS vendors with already developed products that were approved by HUD. The first step in this process was to obtain a list of potential vendors from HUD's technical assistance website. Potential vendors answered a series of questions used to determine their current capabilities, readiness and anticipated timeline for the implementation of an HMIS for the Long Beach CoC system.

The Long Beach CoC recognizes the imperative to implement an HMIS and has been concerned about continual delays with TRI. In an effort to address the mandate by HUD and comply with the requisite timeline, the Long Beach CoC has taken necessary steps to put final requirements on a non-performing vendor and begin looking at redirecting current resources to ensure compliance with HUD required data elements, utilizing existing HMIS technology and within a timeline that places the Long Beach CoC back on track to achieving performance based practices continuum wide.

2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy, security) and the CoC's strategy to monitor and enforce compliance.

The Long Beach CoC reviewed several HMIS vendors with proven track records and with a functional HMIS for other jurisdictions and has the capacity to comply immediately with the HUD HMIS implementation mandate. The Long Beach CoC has issued a notification of contract termination to TRI. If TRI cannot provide the Long Beach CoC with a final working product at a scheduled demonstration in mid June, DHHS will cancel the contract and enter into a contract with the identified HMIS alternate vendor, Softscape.

The Long Beach CoC has identified Softscape's Quickstart program for a smooth transition from TRI to an HMIS solution that will allow the Long Beach CoC to be fully implemented with all HUD funded agencies online, performing data entry, running required reports and utilizing the system for client service provisions by the end of July 2005 with 75% implementation completed by the end of August of 2005.

The City anticipates 100 % HMIS participation compliance for all CoC funded and Emergency Shelter Grant funded agencies. However, the largest provider of emergency shelter within the Long Beach CoC system is a faith-based organization, the Long Beach Rescue Mission (Rescue Mission) that is funded privately, hence not mandated to participate in the HMIS system. To date the Rescue Mission has not been willing to participate in the HMIS. The Rescue Mission, operates 153 emergency shelter beds or 37% of the emergency shelter beds within the Long Beach CoC. The City will continue to work with the Rescue Mission to encourage their participation in the HMIS. Conversely, the CoC utilizes a voucher resource as emergency housing to stabilize homeless individuals and families through the use of Emergency Food and Shelter Program funds citywide. This emergency shelter resource will be included within the HMIS. These combined resources should equate to the goal of having 75% of agencies in the jurisdiction entering data into the HMIS.

Long Beach remains invested in the ultimate goal of establishing unduplicated counts for the County of Los Angeles and fully intends to work with the LA/OC steering committee to that end.

The Long Beach CoC recognizes the imperative to implement an HMIS and has been concerned about continual delays within the vendor process engaged by the LA/OC Collaborative. In an effort to address the mandate by HUD and comply with the requisite timeline, Long Beach has taken necessary steps to redirect current resources to ensure compliance with HUD required data elements, utilizing existing HMIS technology and within a timeline that places Long Beach back on track to achieving performance based practices continuum wide.

The Long Beach CoC HMIS Committee has developed a strategy to include agencies users and vendor participation to help in the development of a streamlined system that will collect and provide reports which contain all of the HUD data elements, address client confidentiality and privacy concerns, while providing a high level of assurance that Personally Protected Information (PPI), as defined by HUD, will be secure.

The Long Beach CoC work with the LA/OC Collaborative or with Softscape's Quickstart program will allow the Long Beach CoC to be entering data into a live system by July 2005. The Long Beach HMIS implementation will be completed in two phases. The first phase will be to bring on line the 14 co-located agencies at the MSC, which is the point of entry for homeless services citywide. The second phase will include the emergency, transitional and permanent housing providers co-located at the Villages at Cabrillo, which is 26 acres of naval reuse property. Other locations citywide will be incorporated, after the second phase and culminating in a full system implementation completed in August 2005.

Contingent upon the outcome of the TRI demonstration and Long Beach CoC agency participant feedback regarding both the TRI and Softscape product demonstrations, an HMIS kick off meeting will occur in late June 2005 to provide a detailed overview of the project plan, anticipated tasks, expectations, roles and responsibilities to the Long Beach CoC agencies.

The Phase 1 implementation will allow the Long Beach CoC to define key data inputs, ensure that all of the HUD data elements are being captured correctly and that client confidentiality and privacy concerns, are being addressed at the highest level of assurance for Personally Protected Information (PPI), as defined by HUD. At this time Phase I agencies will be testing the system to ensure compliance with all HUD requirements and may require some vendor tailoring of program specific information within the system.

A joint GAP/FIT analysis session with the vendor and the Long Beach CoC HMIS core team will be conducted in late June to gauge any final program tailoring that will need to be done to configure the HMIS solution to Long Beach baseline requirements for full implementation. Upon the completion of these final system integrations, the vendor will present the system for final approval. Once the system has passed User Acceptance Testing, training and deployment will begin for the Phase II agencies.

To ensure client confidentiality, a key feature of Long Beach's HMIS software will be a role based and consent based model for data sharing. A user's role within the HMIS and as defined jointly by agencies and the Long Beach CoC will dynamically determine a user's access level to PPI. Additionally, strict standards, as defined within the Long Beach CoC policy and procedures manual, ensure that an HMIS user understands that the client has the ability to limit access to the client's PPI through the software's consent process.

The HMIS solution implemented by the Long Beach CoC will be technically sound and comply with all of HUD's security requirements. The system will be a web-based application that utilizes 128-bit encryption technology to communicate between a user's computer and the HMIS. The system will meet or exceed industry standards with regard to network, server, computer room, facilities and physical security requirements. HUD's Public Key Infrastructure (PKI) requirement will be addressed within the Long Beach CoC's policy and procedures document and will be strongly enforced through frequent agency audits and compliance checks.

Compliance of agencies in the Long Beach HMIS will be monitored through a 3-tier system within the City of Long Beach Homeless Services Division. The Homeless Division employs an HMIS administrator who will conduct audit checks on all HMIS provider to ensure all agencies within the system are entering data regularly, completely and accurately. The HMIS administrator will also provide additional capacity training for new and returning staff several time a year to allow for the highest level of data input. There are also two Contracts and Grants Specialists within the Homeless Services Division that are responsible for monitoring fiscal and programmatic compliance of agency contracts, which includes staffing patterns, Annual Progress Report (APR) requirements and overall program capacity. The information tracked by the Contracts and Grants Specialist will be used as a secondary form of checks and balances to ensure the data entered into the HMIS is accurate, up to date and reflected in the case files and APR. The Homeless Services Coordinator, which oversees the Homeless Services Division will also provide a third level of oversight by providing all monitoring activities, in addition to working with all agencies to increase agency efficiency, effectiveness to reflect improved outcomes for all homeless populations. The HMIS system will be a valuable tool and will allow the Long Beach CoC to achieve performance based practices that promote the outcomes desired by HUD and aligned to track progress within the local 10 year plan to end chronic homelessness.

3. Counting Procedures

- a. **Describe in a brief narrative the CoC's methodology to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street). If the CoC is currently unable to generate an unduplicated count across all programs within the CoC, describe the strategy for achieving an unduplicated count in the future.**

The City of Long Beach conducted a point-in-time count on January 27, 2005 of individuals and

families living on the street, in emergency shelters, and transitional programs. The same methodology that was used during the City of Long Beach's 2003 homeless count was applied to the 2005 count. Over 300 volunteers made up of representatives from the City of Long Beach, elected city officials, social service providers, faith based organizations, homeless persons, business associations and neighborhood groups participated in the count. The city was divided into count areas by map; volunteers were organized into teams and then provided with one of the mapped areas. A separate team was organized to collect, document and monitor the return of tracking log sheets and maps.

The tracking log sheets were utilized to obtain an unduplicated count by developing a unique identifier for each homeless person counted. The tracking log captured: the first initial of the first name, first initial of last name, gender, ethnicity, year born and state born of each homeless individuals encountered. This unique identifier was then entered into a database. The unique identifier was then used to eliminate duplicates and to produce an unduplicated count.

Once the HMIS is in operation the Long Beach CoC strategy to obtain an unduplicated count of homeless individuals/families will be: 1) Outreach workers will collect basic identifying information from clients living on the streets that are not currently accessing services and this information will be entered into the existing HMIS; 2) ensure that homeless individuals in emergency shelters and transitional shelters will be entered by agencies into the HMIS through frequent audits of user activity; 3) the MSC, which serves as the entry point for homeless services citywide, will also enter client level data for services ranging from basic services, motel voucher utilization and placements made by the fourteen nonprofits located within the MSC collaborative and 4) the HMIS administrator and Contract Grants specialist will monitor the data entry for the remaining CoC system to ensure timely and accurate entry of data for all clients accessing services within the CoC system.

Data sharing is another important part of the Long Beach CoC system strategy to limit the number of duplicate entries into the system. Agencies participating in the Long Beach HMIS and funded through any HUD program will share at minimum, the Universal Data Elements, as defined by HUD. System users will have the ability to match a returning client's record upon entry based on a methodology similar to the one used in the homeless count. An identification number will be automatically generated based on those data elements within the HMIS that contain personal information unique to each individual. Additionally, this technology will be used within the system to identify duplicates based on the unique person identification number, which will appear as flags or notifications that will be monitored by LB CoC system administrators. Data entered into the HMIS system will not be duplicated, as agencies will be trained to add client information to existing records, to avoid duplicative intake processes for clients. Homeless Services Division staff will also use the system's ad hoc reporting capabilities to audit client records to ensure that any missed duplicate entries are found and merged to create a single record.

b. List the total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC

Total Duplicated Client Records Entered in 2004: None

Total Unduplicated Client Records Entered in 2004: None

For questions 4 and 5, please provide information on the HMIS implementation as a whole. If your CoC is part of a multi-CoC implementation, the lead organization may be from outside of the CoC defined in Exhibit One.

4. HMIS Lead Organization Information:

Organization Name: City of Long Beach, Department of Health and Human Services

Contact Person: Susan Price, Homeless Services Coordinator

Phone: (562) 570-4003

Email: Susan_price@longbeach.gov

5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation. If the CoC is part of a multi-CoC implementation, this information should be provided by the HMIS lead organization. (HUD-defined CoC names and numbers are available at www.hud.gov/).

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
City of Long Beach	CA 606		

Exhibit 1: Continuum of Care – Project Priorities Chart

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requested Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
City of Long Beach – Department of Health and Human Services	National Mental Health Association of Greater Los Angeles	Making Housing Accessible	1	\$402,840	5 (yrs)			X		
City of Long Beach – Department of Health and Human Services	United States Veterans Initiative	Veterans In Progress	2	\$245,000	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	1736 Family Crisis Center	Domestic Violence Shelter and Comprehensive Services	3	\$195,686	1 (yr)		X			
City of Long Beach – Department of Health	United States Veterans	ADVANCE	4	\$218,336	1 (yr)		X			

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requested Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
and Human Services	Initiative									
City of Long Beach – Department of Health and Human Services	1736 Family Crisis Center	Domestic Violence Shelter and Comprehensive Services	5	\$282,450	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	New Image Emergency Shelter for the Homeless	Stepping Stone	6	\$100,599	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Atlantic Recovery Services	Transitional Housing for Youth	7	\$140,515	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	The Salvation Army	Transitional Living Center at Villages at Cabrillo	8	\$216,667	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Interval House	Transitional Housing and Supportive Services Program	9	\$161,920	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	City of Long Beach – Department of Health and Human Services	Multi-Service Center for the Homeless	10	\$34,132	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	City of Long Beach – Department of Health and Human Services	Multi-Service Center for the Homeless	11	\$56,961	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	City of Long Beach – Department of Health and Human Services	Multi-Service Center for the Homeless	12	\$194,745	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	National Mental Health Association of Greater Los	Homeless Assistance Program	13	\$222,723	1 (yr)		X			

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requested Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
	Angeles									
City of Long Beach – Department of Health and Human Services	Substance Abuse Foundation	Substance Abuse Foundation – Supportive Services	14	\$19,721	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	City of Long Beach – Department of Health and Human Services	Multi-Service Center for the Homeless	15	\$63,068	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	City of Long Beach – Department of Health and Human Services	Multi-Service Center for the Homeless	16	\$100,638	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Children Today	The Play House	17	\$157,500	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Substance Abuse Foundation	Substance Abuse Foundation – Supportive Services	18	\$27,722	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Public Health Nursing	Health Care for the Homeless	19	\$20,439	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	New Image Emergency Shelter for the Homeless	Mainstream HIV/AIDS	20	\$50,085	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Public Health Nursing	Health Care for the Homeless	21	\$81,940	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	City of Long Beach Department of Health and Human Services	Homeless Management Information System	22	\$182,130	1 (yr)		X			
City of Long Beach –			23							

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requested Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
Department of Health and Human Services	Children Today	The Play House		\$42,000	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Beyond Shelter	Housing First Program for Homeless Families	24	\$79,194	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Beyond Shelter	Housing First Program for Homeless Families	25	\$53,690	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	Beyond Shelter	Long Beach Multi-Service Center Collaborative	26	\$50,019	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	New Image Emergency Shelter for the Homeless	Outreach	27	\$29,401	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	New Image Emergency Shelter for the Homeless	Youth	28	\$19,808	1 (yr)		X			
City of Long Beach – Department of Health and Human Services	United States Veterans Initiative	Shelter Plus Care Villages at Cabrillo	29	\$66,660	1(yr)				X	
City of Long Beach – Department of Health and Human Services	National Mental Health Association of Greater Los Angeles	Shelter Plus Care TRA	30	\$270,000	1 (yr)				X	
**Total				\$3,786,589						
Requested Amount:										

**Exhibit 1: Continuum of Care Pro Rata Need (PRN) Reallocation Chart and Instructions
(only for eligible Hold Harmless Continuums)**

Not Applicable

Continuum of Care Priorities Narrative

Having assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

- The sources you use to determine whether projects up for renewal are performing

satisfactorily and effectively addressing the need(s) for which they were designed

(Check all that apply):

☒ **Audit** ☒ **APR** ☒ **Site Visit** ☒ **Monitoring Visit** ☒ **Client Satisfaction**

- b. Describe how each new project proposed for funding will fill a gap in your community's Continuum of Care system.

Although five agencies applied for new projects in this year's CoC process, only one was selected for inclusion. The HSAC and Working Group designated this year's CoC priority the development of new permanent supportive housing projects for chronically homeless persons.

The number one project on the priority chart and the only new project included in this year's application is for the National Mental Health Association's Shelter Plus Care permanent supportive housing project for chronically homeless persons. This project fills the top priority set by HSAC, the Working Group and was the number one requested item identified in the client voice your choice survey.

Due to the City's pro-rata amount being less than the current renewal burden, HSAC and the Working Group decided to continue to fund all the renewal projects for one year, which are all performing as part of the CoC system. It was determined that additional new applications could not be included as this would then require the de-funding of a currently operating project which is currently fulfilling a need within the CoC system.

- c. Demonstrate how the project selection and priority placement processes for all projects were conducted **fairly and impartially**. In doing so:

(1) Specify your open solicitation efforts for projects;

The priority project process was recommended by the Homeless Services Advisory Committee (HSAC) with input from the Working Group and approved by the City Council, with public participation during the process. The HSAC sets local priorities for the CoC funding based on public testimony, surveys, and the Gaps Analysis. Homeless clients are provided a survey instrument to communicate service priorities. This past year, HSAC received feedback from 1,040 persons experiencing homelessness in the City of Long Beach. A Request for Proposal (RFP) announcement was issued to all non-profit organizations providing services to homeless individuals and families in Long Beach. Notice of the RFP availability and the bidders conference were also published in the local newspaper, the Long Beach Press Telegram on April 2, 2005 and notices were mailed out to all identified nonprofit entities in Long Beach (approximately 500). The City of Long Beach held a bidders conference on the afternoon of April 11, 2005. Agencies had approximately one month to respond to the RFP.

Proposals submitted in response to the RFP were reviewed, scored and ranked by the Working Group, comprised of nine (9) members as follows: four (4) members of HSAC, one (1) member from the Long Beach Homeless Coalition, one (1) member from the Community Development Advisory Commission, one (1) member of the Long Beach Housing Corporation, one (1) Long Beach Community Action Network member, and one (1) Housing Authority Commissioner.

(2) Identify the objective rating measures applied to the projects;

HSAC and the Working Group set the 2005 CoC application priorities and determined priority funding/ranking tiers, which were given additional points to applicants meeting the criteria established by the tiers. The priority funding/ranking tiers were established to encourage applications that address gaps in service identified in Long Beach. This information was available as part of the RFP and at the bidders conference. In addition, the scoring tools (for

both renewal and new projects) used by the Working Group were distributed at the bidders conference as part of the RFP. This allowed each applying agency to understand the rating system prior to submission. Each Working Group member individually reviewed all proposals (as long as there were no conflicts of interest). Each application received an individual score that was then averaged to produce the applications overall score.

For renewal agencies, the following agency program performance information was presented to the Working Group: (a) Completeness and accuracy of renewal and written response sections of the Request For Proposal; (b) Meeting current CoC system priorities; (c) Fiscal/audit review; (d) monthly billing history (accuracy and timeliness); (e) Annual Progress Report (meeting outcomes, accuracy and timeliness); (f) Program site visit and monitoring review; (g) client satisfaction survey's and client program input review; (h) Formatting and chart attachments. The information is presented to the Working Group, scores are assigned based on the criteria in the RFP and then the proposals are ranked for inclusion in the priority chart.

(3) Demonstrate that participants on the review panel or committee are unbiased;

The nine voting members of the Working Group are required to have no conflicts of interest as determined by the City Attorney's Office including: any financial interest that may indicate conflict, being employed by, sitting on the Board of, or being related to an employee of any applying agency. The City Attorney's Office is available for consult regarding conflict of interest regulations.

(4) Explain the voting system/decision making process used;

The scores from the new proposals and program performance (for renewals) were utilized to rate, rank and assign funding amounts to each project. Upon completion of the rating, ranking and funding process, each agency was given an overall score, ranking on the priority chart and funding allocation. The Working Group voted to approve the proposed ranking order of projects, based on average score, project performance and local priorities. All agencies were given the opportunity to appeal their score, project ranking and funding allocation. Agencies appealing could clarify or review information previously contained in the original application, which could possibly change their score, project ranking or funding allocation. This year, none of the applicants chose to participate in the appeals process.

(5) If your CoC receives the hold harmless pro rata need amount and has used the reallocation process to free up PRN to create new projects, please explain the open decision making process used to reduce and/or eliminate projects;

Not Applicable

(6) If written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved;

No written complaints were received in the last 12 months.

**Exhibit 1: Continuum of Care Supplemental Resources
Enrollment and Participation in Mainstream Programs**

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

<input checked="" type="checkbox"/> SSI	<input checked="" type="checkbox"/> SSDI	<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Food Stamps
<input checked="" type="checkbox"/> SCHIP	<input checked="" type="checkbox"/> WIA	<input checked="" type="checkbox"/> Veterans Health Care		

(2) Which policies are currently in place in your CoC to help clients secure these mainstream

benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- ☒ A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- ☒ The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- ☒ CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- ☒ A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- ☒ The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- ☒ CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- ☒ A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- ☒ A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- ☒ Other (Please describe in 1-2 sentences.)

The Multi-Service Center (entry point into services) each week has outside mainstream providers (i.e. Dept of Social Services, First Five LA, Healthy Families, Work Force Investment Board, etc.) come and provide information, referrals, and assistance to clients on site.

Exhibit 1: CoC Project Performance - Housing and Services

A. Housing

1. Permanent Housing.

Check here ☐ if there are no applicable permanent housing renewal projects.

Check here ☒ to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

- a. What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12a) 19.
- b. What is the number of participants who did **not leave** the project(s) during the operating year? 45.
- c. Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a))? 14.
- d. Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing? 32.
- e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? 71.9 %.

2. Transitional Housing.

Check here ☐ if there are no applicable transitional housing renewal projects.

Check here ☒ to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

- a. What is the total number of participants who left transitional housing project(s) during the operating year? 477.
- b. What is the number of participants who left transitional housing project(s) and **moved to permanent housing**? 417.
- c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? 87.4 %.

Exhibit 1. CoC Project Performance - Housing and Services Continued

B. Supportive Services

Mainstream Programs and Employment Chart.

Check here ☐ if there are no applicable renewal projects.

Check here ☒ to indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
2530	a. SSI	330	13.0
2530	b. SSDI	59	2.3
2530	c. Social Security	64	2.5
2530	d. General Public Assistance	502	19.8
2530	e. TANF	371	14.7
2530	f. SCHIP	6	0.2
2530	g. Veterans Benefits	87	3.4
2530	h. Employment Income	470	18.6
2530	i. Unemployment Benefits	43	1.7
2530	j. Veterans Health Care	19	0.8
2530	k. Medicaid	13	0.5
2530	l. Food Stamps	521	20.6
2530	m. Other (please specify*)	134	5.3
2530	n. No Financial Resources	858	33.9

* Other income includes child support, retirement, family support, military reserves, Women, Infants and Children (WIC), and Workers Compensation benefits.

Continuum of Care: Project Leveraging

National Mental Health Association of Greater Los Angeles – Making Housing Accessible (NEW)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
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1	Shelter Plus Care SRA	Outreach, assessment service, case management, mental health treatment, housing support	National Mental Health Association of Greater Los Angeles	\$161,135
1	Shelter Plus Care SRA	Case management, mental health treatment, housing support	National Mental Health Association of Greater Los Angeles	\$241,705
TOTAL				\$402,840

United States Veterans Initiative – Veterans In Progress Program/Cabrillo Residential Treatment (CA16B206-008)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
2	Veterans In Progress Program	Medical Services, Case Management, and Group Therapy	VA Long Beach Health Care System	\$18,000
2	Veterans In Progress Program	In-Kind Services	Shelter Partnership	\$16,000
2	Veterans In Progress Program	VA Per Diem	VA Grant and Per Diem Program	\$501,135
2	Veterans In Progress Program	AmeriCorp Members	United States Veterans Initiative	\$26,000
2	Veterans In Progress Program	Employment Services	United States Veterans Initiative	\$275,000
2	Veterans In Progress Program	Cash Match	United States Veterans Initiative	\$58,333
TOTAL				\$894,468

1736 Family Crisis Center – Domestic Violence Shelter and Comprehensive Services (CA16B406-007)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
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3	Domestic Violence Shelter and Comprehensive Supportive Services	Cash Match	1736 Family Crisis Center (through other government and private funding sources)	\$43,119
3	Domestic Violence Shelter and Comprehensive Supportive Services	Volunteer Support and In-Kind Donations	1736 Family Crisis Center (through local individuals and charitable, business, and church groups)	\$139,331
3	Domestic Violence Shelter and Comprehensive Supportive Services	Supportive Services and Operating Support	1736 Family Crisis Center (through government funding sources such as County of LA CalWorks, County of LA Emergency Shelter Grant, County of LA GROW, State DHS-MCH DV Shelter Program, State OES DVAP, EFSP, etc.)	\$13,236
TOTAL				\$195,686

United States Veterans Initiative – ADVANCE Women’s Program (CA16B406-008)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
4	ADVANCE Women’s	Medical Services, Case Management, and Group Therapy	VA Long Beach Health Care System	\$18,000
4	ADVANCE Women’s	In-Kind Services	Shelter Partnership	\$16,000
4	ADVANCE Women’s	Per Diem	VA Grant and Per Diem Program	\$232,873
4	ADVANCE Women’s	Counseling and Therapy	VA Long Beach Health Care System – Renew Program	\$150,000
4	ADVANCE	Employment Services	United States Veterans Initiative	\$37,500

	Women's			
4	ADVANCE Women's	Dually-diagnosed program	Unihealth	\$87,000
4	ADVANCE Women's	Cash Match	ADVANCE Women's	\$37,585
TOTAL				\$578,958

1736 Family Crisis Center – Domestic Violence Shelter and Comprehensive Services
(CA16B406-014)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
5	Domestic Violence Shelter and Comprehensive Supportive Services	Cash Match	1736 Family Crisis Center (through other government and private funding sources)	\$62,732
5	Domestic Violence Shelter and Comprehensive Supportive Services	Volunteer Support and In-Kind Donations	1736 Family Crisis Center (through local individuals and charitable, business, and church groups)	\$139,331
5	Domestic Violence Shelter and Comprehensive Supportive Services	Supportive Services and Operating Support	1736 Family Crisis Center (through government funding sources such as County of LA CalWorks, County of LA Emergency Shelter Grant, County of LA GROW, State DHS-MCH DV Shelter Program, State OES DVAP, EFSP, etc.)	\$80,387
TOTAL				\$282,450

New Image Emergency Shelter for the Homeless, Inc. – Project Stepping Stone (CA16B406-017)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
6	Project Stepping Stone	Child Care	Children Today	\$18,750
6	Project Stepping Stone	Facility Lease	New Image Emergency Shelter	\$127,852
6	Project Stepping Stone	Rental Assistance and Permanent and Transitional Placement	Beyond Shelter	\$15,000
	Project Stepping	CalWorks/Welfare	Long Beach	\$64,104

6	Stone	to Work Plan	Community College	
6	Project Stepping Stone	Hotel and Restaurant Voucher	EFSP/FEMA	\$5,000
6	Project Stepping Stone	Cash Match - Supportive Services	New Image Emergency Shelter	\$10,111
6	Project Stepping Stone	Winter Shelter Program	Los Angeles Homeless Services Authority	\$94,500
6	Project Stepping Stone	Supportive Services	Naval Reuse Funds – City of Long Beach	\$33,689
6	Project Stepping Stone	Cash Match – Operations	New Image Emergency Shelter	\$2,989
TOTAL				\$371,995

Atlantic Recovery Services – Transitional Housing for Youth (CA16B106-009)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
7	Generation Next	Counseling Services	Atlantic Recovery Services	\$32,400
7	People Works	Job Preparation	Goodwill Industries	\$259,920
7	Generation Next	Office Space	Atlantic Recovery Services	\$52,592
7	Atlantic Recovery Services	Cash Match – Supportive Services	Atlantic Recovery Services	\$14,994
7	Atlantic Recovery Services	Cash Match – Supportive Services	Atlantic Recovery Services	\$11,128
7	Atlantic Recovery Services	Non-SHP Supportive Services & Operations	Atlantic Recovery Services	\$145,500
7	Atlantic Recovery Services	Youth Programming	Substance Abuse Mental Health Administration	\$320,000
TOTAL				\$836,534

The Salvation Army – Transitional Living Center at Villages at Cabrillo (CA16B406-009)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
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8	The Salvation Army Transitional Living Center at Villages at Cabrillo	Cash Match - Supportive Services	The Salvation Army	\$35,241
8	The Salvation Army Transitional Living Center at Villages at Cabrillo	Cash Match – Operations	The Salvation Army	\$18,924
8	The Salvation Army Transitional Living Center at Villages at Cabrillo	Clothing, Blankets, Detergents/Cleaning Products, Personal Care Products, and Other Goods	Shelter Partnership	\$6,000
8	The Salvation Army Transitional Living Center at Villages at Cabrillo	Delivery of Perishable and Non-Perishable Food	Food Finders	\$4,000
8	The Salvation Army Transitional Living Center at Villages at Cabrillo	On-Site Educational Programs	School on Wheels, Inc. / Downtown Los Angeles	\$11,000
8	The Salvation Army Transitional Living Center at Villages at Cabrillo	Parenting Classes and Support Group Counseling	The Guidance Center	\$27,000
TOTAL				\$102,165

Interval House – Transitional Housing and Supportive Services Program
(CA16B106-011)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
9	Interval House Bilingual THSSP	Child Care	Americorps National Service	\$31,200
9	Interval House Bilingual THSSP	Mentoring, Legal Assistance, Counseling, and Translating	Hermanas – Latina Support Group	\$48,000

9	Interval House Bilingual THSSP	Mentoring, Legal Assistance, Counseling, and Translating	Asian Women Voices	\$24,000
9	Interval House Bilingual THSSP	Domestic Violence Intervention and Prevention	"The Graduates"	\$24,000
9	Interval House Bilingual THSSP	Student Interns	University of Southern California	\$20,800
9	Interval House Bilingual THSSP	Child Care Advocate	Interval House Crisis Shelters	\$10,400
9	Interval House Bilingual THSSP	Drug/Alcohol Abuse Prevention Advocate	Interval House Crisis Shelters	\$5,616
9	Interval House Bilingual THSSP	Employment Advocate	Interval House Crisis Shelters	\$5,616
9	Interval House Bilingual THSSP	Life Skills Advocate	Interval House Crisis Shelters	\$6,240
9	Interval House Bilingual THSSP	Teen Education and Support Group	"The Second Generation"	\$13,000
9	Interval House Bilingual THSSP	Childcare, Counseling, Support Groups, Food, Etc.	Interval House Crisis Shelters	\$14,580
9	Interval House Bilingual THSSP	Tutoring	The Bridge Learning Center	\$6,240
9	Interval House Bilingual THSSP	Facility	Interval House Crisis Shelters	\$36,000
9	Interval House Bilingual THSSP	Plumbing Services	John Laing Homes	\$3,000
9	Interval House Bilingual THSSP	Electrician Services	Jim Sanders	\$3,000
	Interval House	Landscaping	Akita Bonsai Nursery	\$2,400

9	Bilingual THSSP			
9	Interval House Bilingual THSSP	Legal Services	The Law Firm of Demler, Armstrong, & Roland	\$50,000
9	Interval House Bilingual THSSP	Financial Training	Andi Kang	\$3,600
9	Interval House Bilingual THSSP	Rental Assistance	Interval House Crisis Shelters	\$13,504
9	Interval House Bilingual THSSP	Moving Services	AIM Transportation Trucking Co.	\$10,000
9	Interval House Bilingual THSSP	Medical Exams	Dr. Joyce Kakkis	\$2,000
9	Interval House Bilingual THSSP	Legal Services	Latham and Watkins	\$10,000
9	Interval House Bilingual THSSP	Drug/Alcohol Rehabilitation	Tarzana Treatment Center Drug/Alcohol Rehabilitation	\$112,500
9	Interval House Bilingual THSSP	Health Assessment	Interval House Crisis Shelters	\$10,000
9	Interval House Bilingual THSSP	Mentoring, Legal Assistance, Counseling, and Translating	CASE	\$24,000
9	Interval House Bilingual THSSP	Supportive Services	LA Cal Works	\$124,500
9	Interval House Bilingual THSSP	Cash Match	Interval House Bilingual THSSP	\$19,188
TOTAL				\$633,384

City of Long Beach, Department of Health and Human Services – Multi-Service Center for the Homeless (CA16B406-003)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
10	DHHS – MSC Case Management	Building Donation	Port of Long Beach	\$11,983

10	DHHS – MSC Case Management	Hygiene Products and Office Supplies	Shelter Partnership	\$1,169
10	DHHS – MSC Case Management	Social Work Interns (3)	California State University, Long Beach	\$946
10	DHHS – MSC Case Management	Supportive Services	IURD- Naval Reuse	\$4,431
10	DHHS – MSC Case Management	Planning and coordination services	IURD-10 Year Plan	\$2,702
10	DHHS – MSC Case Management	Motel and Restaurant Vouchers	Emergency Food and Shelter Program	\$362
10	DHHS – MSC Case Management	Taxi Coupons and Bus Tokens	FAME Renaissance	\$357
10	DHHS – MSC Case Management	Goods and Services	Christian Outreach in Action	\$41,877
10	DHHS – MSC Case Management	Cash Donations, Hygiene Products, and Volunteer Time	DHHS-MSC Donations	\$270
10	DHHS – MSC Case Management	Emergency Shelter	Emergency Shelter Grant 04-06	\$21,250
10	DHHS – MSC Case Management	STD Testing and Screening	DHHS Preventative Health	\$681
10	DHHS – MSC Case Management	Food, Clothing and Volunteer Services	St. Luke’s Episcopal Church	\$5,349
10	DHHS – MSC Case Management	HOME Funds – Move in Assistance	Housing Services Bureau	\$1,621
10	DHHS – MSC Case Management	Child Care	Children Today	\$9,186
10	DHHS – MSC Case Management	Supportive Services	CDBG - Social Services Grant Program	\$13,509
10	DHHS – MSC Case Management	MSC Operations	CDBG Administrative Grant Support (Non- Cash Match)	\$2,333
10	DHHS – MSC Case Management	Cash Match	CDBG and DHHS – General Fund	\$8,127
TOTAL				\$126,153

City of Long Beach, Department of Health and Human Services – Multi-Service
Center for the Homeless (CA16B406-013)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
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11	DHHS – MSC Case Management and Outreach	Building Donation	Port of Long Beach	\$19,997
11	DHHS – MSC Case Management and Outreach	Hygiene Products and Office Supplies	Shelter Partnership	\$1,950
11	DHHS – MSC Case Management and Outreach	Social Work Interns (3)	California State University, Long Beach	\$1,578
11	DHHS – MSC Case Management and Outreach	Supportive Services	IURD- Naval Reuse	\$7,394
11	DHHS – MSC Case Management and Outreach	Planning and coordination services	IURD-10 Year Plan	\$4,509
11	DHHS – MSC Case Management and Outreach	Food and Vouchers	Emergency Food and Shelter Program	\$604
11	DHHS – MSC Case Management and Outreach	Taxi Coupons and Bus Tokens	FAME Renaissance	\$595
11	DHHS – MSC Case Management and Outreach	Goods and Services	Christian Outreach in Action	\$69,885
11	DHHS – MSC Case Management and Outreach	Cash Donations, Hygiene Products, and Volunteer Time	DHHS-MSC Donations	\$452
11	DHHS – MSC Case Management and Outreach	Emergency Shelter	Emergency Shelter Grant 04-06	\$35,463
11	DHHS – MSC Case Management and Outreach	STD Testing and Screening	DHHS Preventative Health	\$1,136
11	DHHS – MSC Case Management and Outreach	Food, Clothing and Volunteer Services	St. Luke’s Episcopal Church	\$8,927
11	DHHS – MSC Case Management and Outreach	HOME Funds – Move in Assistance	Housing Services Bureau	\$2,705
11	DHHS – MSC Case Management and Outreach	Child Care	Children Today	\$15,330
11	DHHS – MSC Case Management and Outreach	Supportive Services	CDBG - Social Services Grant Program	\$22,544

11	DHHS – MSC Case Management and Outreach	MSC Operations	CDBG Administrative Grant Support (Non- Cash Match)	\$3,893
11	DHHS – MSC Case Management and Outreach	Cash Match	CDBG and DHHS - General Funds	\$13,562
TOTAL				\$210,524

City of Long Beach, Department of Health and Human Services – Multi-Service
Center for the Homeless (CA16B406-012)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
12	DHHS – MSC Case Management	Building Donation	Port of Long Beach	\$68,369
12	DHHS – MSC Case Management	Hygiene Products and Office Supplies	Shelter Partnership	\$6,668
12	DHHS – MSC Case Management and Outreach	Social Work Interns (3)	California State University, Long Beach	\$5,395
12	DHHS – MSC Case Management	Supportive Services	IURD- Naval Reuse	\$25,281
12	DHHS – MSC Case Management	Planning and coordination services	IURD-10 Year Plan	\$15,415
12	DHHS – MSC Case Management	Food and Vouchers	Emergency Food and Shelter Program	\$2,066
12	DHHS – MSC Case Management	Taxi Coupons and Bus Tokens	FAME Renaissance	\$2,035
12	DHHS – MSC Case Management	Goods and Services	Christian Outreach in Action	\$238,932
12	DHHS – MSC Case Management	Cash Donations, Hygiene Products, and Volunteer Time	DHHS-MSC Donations	\$1,542
12	DHHS – MSC Case Management	Emergency Shelter	Emergency Shelter Grant 04-06	\$121,244
12	DHHS – MSC Case Management	STD Testing and Screening	DHHS Preventative Health	\$3,883
12	DHHS – MSC Case Management	Food, Clothing and Volunteer Services	St. Luke’s Episcopal Church	\$30,522
12	DHHS – MSC Case Management	HOME Funds – Move in Assistance	Housing Services Bureau	\$9,249
12	DHHS – MSC Case Management	Child Care	Children Today	\$52,411

12	DHHS – MSC Case Management	Supportive Services	CDBG – Social Services Grant Program	\$77,075
12	DHHS – MSC Case Management	MSC Operations	CDBG Administrative Grant Support (Non- Cash Match)	\$13,311
12	DHHS – MSC Case Management	Cash Match	CDBG and MSC – General Funds	\$46,369
TOTAL				\$719,767

National Mental Health Association of Greater Los Angeles – Homeless Assistance Program (CA16B206-005)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
13	Homeless Assistance Program	Building Rent	National Mental Health Association of Greater Los Angeles	\$15,900
13	Homeless Assistance Program	Outreach, Drop-In Service, and Case Management	National Mental Health Association of Greater Los Angeles	\$138,000
13	Homeless Assistance Program	Outreach	City of Long Beach	\$29,670
13	Homeless Assistance Program	Winter Shelter	New Image Shelter for the Homeless	\$108,000
13	Homeless Assistance Program	Transportation (bus tokens, taxi vouchers)	FAME Renaissance Corporation	\$4,640
13	Homeless Assistance Program	Health Care	Westside Neighborhood Clinic	\$15,600
13	Homeless Assistance Program	Cash Match	National Mental Health Association of Greater Los Angeles	\$53,029
TOTAL				\$364,839

Substance Abuse Foundation of Long Beach, Inc. (CA16B006-011)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
14	Substance Abuse Foundation – Supportive Services	Emergency Shelter	Salvation Army Bell Shelter	\$151,200
14	Substance Abuse Foundation – Supportive Services	Cash Match - Supportive Services	Substance Abuse Foundation	\$4,695
TOTAL				\$155,895

City of Long Beach, Department of Health and Human Services – Multi-Service Center for the Homeless (CA16B406-010)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
15	DHHS – MSC Case Management	Building Donation	Port of Long Beach	\$22,141
15	DHHS – MSC Case Management	Hygiene Products and Office Supplies	Shelter Partnership	\$2,159
15	DHHS – MSC Case Management and Outreach	Social Work Interns (3)	California State University, Long Beach	\$1,747
15	DHHS – MSC Case Management	Supportive Services	IURD- Naval Reuse	\$8,187
15	DHHS – MSC Case Management	Planning and coordination services	IURD-10 Year Plan	\$4,992
15	DHHS – MSC Case Management	Food and Vouchers	Emergency Food and Shelter Program	\$669
15	DHHS – MSC Case Management	Taxi Coupons and Bus Tokens	FAME Renaissance	\$659
15	DHHS – MSC Case Management	Goods and Services	Christian Outreach in Action	\$77,378
15	DHHS – MSC Case Management	Cash Donations, Hygiene Products, and Volunteer Time	DHHS-MSC Donations	\$499
15	DHHS – MSC Case Management	Emergency Shelter	Emergency Shelter Grant 04-06	\$39,265
15	DHHS – MSC Case Management	STD Testing and Screening	DHHS Preventative Health	\$1,257
15	DHHS – MSC	Food, Clothing and	St. Luke’s Episcopal	\$9,884

	Case Management	Volunteer Services	Church	
15	DHHS – MSC Case Management	HOME Funds – Move in Assistance	Housing Services Bureau	\$2,995
15	DHHS – MSC Case Management	Child Care	Children Today	\$16,973
15	DHHS – MSC Case Management	Supportive Services	CDBG – Social Services Grant Program	\$24,961
15	DHHS – MSC Case Management	MSC Operations	CDBG Administrative Grant Support (Non- Cash Match)	\$4,311
15	DHHS – MSC Case Management	Cash Match	CDBG and DHHS – General Funds	\$15,016
TOTAL				\$233,093

City of Long Beach, Department of Health and Human Services – Multi-Service
Center for the Homeless (CA16B406-004)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
16	DHHS – MSC Case Management	Building Donation	Port of Long Beach	\$35,331
16	DHHS – MSC Case Management	Hygiene Products and Office Supplies	Shelter Partnership	\$3,446
16	DHHS – MSC Case Management and Outreach	Social Work Interns (3)	California State University, Long Beach	\$2,788
16	DHHS – MSC Case Management and Outreach	Supportive Services	IURD- Naval Reuse	\$13,064
16	DHHS – MSC Case Management and Outreach	Planning and coordination services	IURD-10 Year Plan	\$7,966
16	DHHS – MSC Case Management and Outreach	Food and Vouchers	Emergency Food and Shelter Program	\$1,067
16	DHHS – MSC Case Management and Outreach	Taxi Coupons and Bus Tokens	FAME Renaissance	\$1,052
16	DHHS – MSC Case Management and Outreach	Goods and Services	Christian Outreach in Action	\$123,473
16	DHHS – MSC Case Management and Outreach	Cash Donations, Hygiene Products, and Volunteer Time	DHHS-MSC Donations	\$797

16	DHHS – MSC Case Management and Outreach	Emergency Shelter	Emergency Shelter Grant 04-06	\$62,655
16	DHHS – MSC Case Management and Outreach	STD Testing and Screening	DHHS Preventative Health	\$2,006
16	DHHS – MSC Case Management and Outreach	Food, Clothing and Volunteer Services	St. Luke’s Episcopal	\$15,773
16	DHHS – MSC Case Management and Outreach	HOME Funds – Move in Assistance	Housing Services Bureau	\$4,780
16	DHHS – MSC Case Management and Outreach	Child Care	Children Today	\$27,084
16	DHHS – MSC Case Management and Outreach	Supportive Services	CDBG – Social Services Grant Program	\$39,830
16	DHHS – MSC Case Management and Outreach	MSC Operations	CDBG Administrative Grant Support (Non- Cash Match)	\$6,879
16	DHHS – MSC Case Management and Outreach	Cash Match	CDBG and DHHS – General Funds	\$23,962
TOTAL				\$371,953

Children Today, Inc – The Play House (CA16B406-005)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
17	The Play House	Building Use and Maintenance	City of Long Beach, Department of Health and Human Services	\$16,135
17	The Play House	Graphic Services, Printing, and Mailing	Ernst & Young LLP	\$8,500
17	The Play House	Grant Writing	Theresa Bixby	\$2,448
17	The Play House	Health Care Services	Children’s Clinic	\$13,260
17	The Play House	Cash Match - Supportive Services	Children Today	\$37,500

TOTAL	\$77,843
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Substance Abuse Foundation of Long Beach, Inc. (CA16B106-007)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
18	Substance Abuse Foundation – Supportive Services	Emergency Shelter	Salvation Army Bell Shelter	\$151,200
18	Substance Abuse Foundation – Supportive Services	Cash Match – Supportive Services	Substance Abuse Foundation	\$6,601
TOTAL				\$157,801

City of Long Beach, Department of Health and Human Services, Public Health Nursing –
Healthcare for the Homeless (CA16B006-009)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
19	Healthcare for the Homeless	Program Oversight	City of Long Beach, Department of Health and Human Services, Public Health Nursing Services Officer	\$2,391
19	Healthcare for the Homeless	Budget and Fiscal Support	City of Long Beach, Department of Health and Human Services, Public Health Administrative Analyst	\$1,955
19	Healthcare for the Homeless	Invoice and Accounting Support	City of Long Beach, Department of Health and Human Services, Public Health Associate	\$1,531
19	Healthcare for the Homeless	Cash Match	City of Long Beach	\$4,865
TOTAL				\$10,742

New Image Emergency Shelter for the Homeless, Inc. – Project Mainstream
HIV/AIDS (CA16B406-006)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
20	Project Mainstream	Emergency Housing	City of Los Angeles HOPWA	\$300,056
20	Project Mainstream	Transitional Housing and Counseling	Substance Abuse Foundation	\$75,000
20	Project Mainstream	Outreach and Counseling	Mental Health Association	\$30,000
20	Project Mainstream	Child Care	Children Today	\$18,750
20	Project Mainstream	Job Counseling and Placement	Goodwill Industries	\$7,500
20	Project Mainstream	Winter Shelter Program	Los Angeles Homeless Services Authority	\$94,500

20	Project Mainstream	Cash Match	Naval Reuse Funds – City of Long Beach	\$33,689
20	Project Mainstream	Cash Match - Supportive Services	New Image Emergency Shelter	\$11,925
TOTAL				\$571,420

City of Long Beach, Department of Health and Human Services, Public Health Nursing – Healthcare for the Homeless (CA16B406-015)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
21	Healthcare for the Homeless	Program Oversight	City of Long Beach, Department of Health and Human Services, Public Health Nursing Services Officer	\$2,391
21	Healthcare for the Homeless	Budget and Fiscal Support	City of Long Beach, Department of Health and Human Services, Public Health Administrative Analyst	\$1,955
21	Healthcare for the Homeless	Invoice and Accounting Support	City of Long Beach, Department of Health and Human Services, Public Health Associate	\$1,531
21	Healthcare for the Homeless	Cash Match	City of Long Beach	19,510
TOTAL				\$25,387

City of Long Beach, Department of Health and Human Services – Multi-Service Center for the Homeless (CA16B106-004) - Homeless Management Information System (HMIS)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
22	DHHS – MSC Case Management	Building Donation	Port of Long Beach	\$63,940
22	DHHS – MSC Case Management	Hygiene Products and Office Supplies	Shelter Partnership	\$6,236

22	DHHS – MSC Case Management and Outreach	Social Work Interns (3)	California State University, Long Beach	\$5,046
22	DHHS – MSC Case Management and Outreach	Supportive Services	IURD- Naval Reuse	\$23,643
22	DHHS – MSC Case Management and Outreach	Planning and coordination services	IURD-10 Year Plan	\$14,416
22	DHHS – MSC Case Management and Outreach	Food and Vouchers	Emergency Food and Shelter Program	\$1,932
22	DHHS – MSC Case Management and Outreach	Taxi Coupons and Bus Tokens	FAME Renaissance	\$1,903
22	DHHS – MSC Case Management and Outreach	Goods and Services	Christian Outreach in Action	\$223,455
22	DHHS – MSC Case Management and Outreach	Cash Donations, Hygiene Products, and Volunteer Time	DHHS-MSC Donations	\$1,442
22	DHHS – MSC Case Management and Outreach	Emergency Shelter	Emergency Shelter Grant 04-06	\$113,390
22	DHHS – MSC Case Management and Outreach	STD Testing and Screening	DHHS Preventative Health	\$3,631
22	DHHS – MSC Case Management and Outreach	Food, Clothing and Volunteer Services	St. Luke’s Episcopal Church	\$28,545
22	DHHS – MSC Case Management and Outreach	HOME Funds – Move in Assistance	Housing Services Bureau	\$8,650
22	DHHS – MSC Case Management and Outreach	Child Care	Children Today	\$49,016
22	DHHS – MSC Case Management and Outreach	Supportive Services	CDBG – Social Services Grant Program	\$72,082
22	DHHS – MSC Case Management and Outreach	MSC Operations	CDBG Administrative Grant Support (Non- Cash Match)	\$12,449
22	DHHS – MSC Case Management and Outreach	Cash Match	CDBG and DHHS – General Funds	\$53,941

TOTAL	\$683,717
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Children Today, Inc – The Play House (CA16B206-003)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
23	The Play House	Building Use and Maintenance	City of Long Beach, Department of Health and Human Services	\$6,644
23	The Play House	Graphic Services, Printing, and Mailing	Ernst & Young LLP	\$3,500
23	The Play House	Grant Writing	Theresa Bixby	\$1,008
23	The Play House	Health Care Services	Children's Clinic	\$5,460
23	The Play House	Cash Match – Supportive Services	Children Today	\$10,000
TOTAL				\$26,612

Beyond Shelter – “Housing First” Program for Homeless Families, Long Beach Satellite Office (CA16B206-006)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
24	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Household Items, Clothing, Blankets, and Personal Hygiene	Shelter Partnership	\$3,000
24	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Cash Match	Beyond Shelter	\$19,739

24	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Rental Assistance Funds	Emergency Food & Shelter Program	\$6,666
24	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Substance Abuse Treatment	Substance Abuse Foundation	\$8,333
24	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Child Care	Children Today	\$60,000
24	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Temporary Emergency Shelter	New Image	\$4,000
24	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Domestic Violence programming	Su Casa	\$2,500
24	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Transitional Housing	Catholic Charities	\$5,000
TOTAL				\$109,238

Beyond Shelter – “Housing First” Program for Homeless Families at the Long Beach Multi-Service Center (CA16B206-004)

Project Priority	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
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Number				
25	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Household Items, Clothing, Blankets, and Personal Hygiene	Shelter Partnership	\$3,000
25	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Cash Match	Beyond Shelter	\$13,373
25	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Rental Assistance Funds	Emergency Food & Shelter	\$6,666
25	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Substance Abuse Treatment	Substance Abuse Foundation	\$8,333
25	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Child Care	Children Today	\$60,000
25	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Temporary Emergency Shelter	New Image	\$4,000

25	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Domestic Violence programming	Su Casa	\$2,500
25	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Transitional Housing	Catholic Charities	\$5,000
TOTAL				\$102,872

Beyond Shelter – Long Beach Multi-Service Center Collaborative (CA16B406-016)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
26	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Household Items, Clothing, Blankets, and Personal Hygiene	Shelter Partnership	\$3,000
26	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Cash Match	Beyond Shelter	\$11,919
26	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Rental Assistance Funds	Emergency Food & Shelter	\$6,666
26	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Substance Abuse Treatment	Substance Abuse Foundation	\$8,333

26	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Child Care	Children Today	\$60,000
26	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Temporary Emergency Shelter	New Image	\$4,000
26	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Domestic Violence programming	Su Casa	\$2,500
26	Housing First Program for Homeless Families – Long Beach Multi-Service Center	Transitional Housing	Catholic Charities	\$5,000
TOTAL				\$101,418

New Image Emergency Shelter for the Homeless, Inc. – Project Outreach (CA16B406-019)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
27	Project Outreach	Case Management and Emergency Housing	City of Los Angeles HOPWA	\$350,000
27	Project Outreach	Transitional Housing and Counseling	Substance Abuse Foundation of Long Beach, Inc.	\$50,000
27	Project Outreach	Street Outreach and Counseling	Mental Health Association	\$35,000
27	Project Outreach	Career Counseling and Job Assistance and Placement	Goodwill Long Beach & South Bay	\$13,000
27	Project Outreach	Transitional and Permanent Housing	Beyond Shelter	\$15,000
27	Project Outreach	Career and Job Placement	U.S. Vets	\$37,500
27	Project Outreach	Emergency Hotel vouchers	EFSP/FEMA	\$9,980
27	Project Outreach	Supportive Housing	New Image Emergency Shelter	\$18,524
27	Project Outreach	Winter Shelter Program	Los Angeles Homeless Services Authority	\$94,500
27	Project Outreach	Supportive Services	Naval Reuse Funding – City of Long Beach	\$33,689
27	Project Outreach	Cash Match for Supportive Services	New Image Emergency Shelter	\$7,000
TOTAL				\$664,193

New Image Emergency Shelter for the Homeless, Inc. – Project Youth (CA16B406-011)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
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28	Project Youth	Case Management and Emergency Housing	City of Los Angeles HOPWA	\$250,000
28	Project Youth	Emergency Care Housing and Case Management	Substance Abuse Foundation of Long Beach, Inc.	\$50,000
28	Project Youth	Case Management and Counseling	Mental Health Association	\$12,000
28	Project Youth	Emergency Housing	Casa Youth Shelter	\$13,200
28	Project Youth	Staffing	New Image Emergency Shelter	\$5,824
28	Project Youth	Winter Shelter Program	Los Angeles Homeless Services Authority	\$94,500
28	Project Youth	Supportive Services	Naval Reuse Funds – City of Long Beach	\$33,689
28	Project Youth	Cash Match - Supportive Services	New Image Emergency Shelter	\$4,716
TOTAL				\$463,929

United States Veterans Initiative – Shelter Plus Care (CA16C906-006)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
29	Shelter Plus Care	Clinical Support and Psychiatric Support	Long Beach VA Medical Center	\$100,000
29	Shelter Plus Care	Meals, Case Management, and Supportive Services	United States Veterans Initiative	\$300,000
29	Shelter Plus Care	Transportation	United States Veterans Initiative	\$8,000
29	Shelter Plus Care	Rooms	United States Veterans Initiative	\$1,280,000
TOTAL				\$1,688,000

National Mental Health Association of Greater Los Angeles – Shelter Plus Care, Tenant-Based Rental Assistance (CA16C406-024)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
30	The Village ISA	Comprehensive Supportive Services	Mental Health Association in Los Angeles County	\$270,000
TOTAL				\$270,000

Continuum of Care: Project Leveraging Total

\$11,433,876